FILED EFFECTIVE



Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es) of business under the assumed business name: Name Name	Complete Address SUII S CONO RA 120(18) TO 83871
3. The general type of business transacted under	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301

IDAHO SECRETARY OF STATE

09/09/2008 05:00

CK: 151684 CT: 172899 BH: 1135114

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