

Signature: ////

(see instruction #8 on back of form)

Printed Name: /

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

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

1.	The assumed business name which the undersigned business is:	d use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) of the ebusiness under the assumed business name: Name Heather Charel 133	Complete Address
3.	The general type of business transacted under the assumed business name is:	
4.	Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Headwer Chaned Body Chaned	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
		Secretary of State use only
	8	

g: corp toms labor forms labr Revised 04/2003

IDAHO SECRETARY OF STATE 62/17/2005 05:06 CK: CASH CT: 158018 BH: 793872 1 0 25.00 = 25.00 ASSUM NAME 1 2

84696