

Capacity/Title: <u>Owner</u>

(see instruction #8 on back of form)

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 13 JAN 23 Att 9:01

NOTE: See instructions on reverse before filing.	Note that the second of the se
110121 000 111011 2010110 011 1010100 001010 1111119.	STATE OF IDAHO
The assumed business name which the undersigned business is: Virtually Everything	ed use(s) in the transaction of
The true name(s) and business address(es) of the e business under the assumed business name: Name	entity or individual(s) doing Complete Address Sex 50172, Beisc ID 83705
The general type of business transacted under the Retail Trade Transportation and Pu	
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: Barbara A. Rowen Po Boy 50172	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Bolse TD 83705 Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 308-384-1291
30me	Secretary of State use only
ature: ARBARA A. Rowan	IDANO SECRETARY OF STATE

01/23/2003 05:00 CK: 4585 CT: 158010 BH: 658471 1 0 20.00 = 20.00 ASSUM NAME : 2

D 61718