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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 08 DEC 22 AM 8: 48 submits for filing a certificate of Assumed Business SECRETARY OF STATE STATE OF IDAHO submits for filing a certificate of Assumed Business Name.

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 Kristina Hoffmann lev	the entity or individual(s) doing Complete Address 3 Homestead, Moscow, ID 83843
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Krytna Hoffmann (003 Homestead Moscow, ID 83843 5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Kustina Hoffmann Signature equifer Hoffmann	Secretary of State use only 0127044