

Printed Name: Veronica

Capacity/Title: Owner

(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.

07 JUN 28 AN 9: 02

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Complete Address
1407 3'd St. So Nampa 830
30 New 8 30
er the assumed business name is:
and Public Utilities
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
Phone number (optional):
208-461-2443

IDAHO SECRETARY OF STATE 06/28/2007 05:00 CK: 1888 CT: 189930 BH: 1862717 1 8 25.80 = 25.80 ASSUM MAME # 2

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