

Capacity/Title: Owner

(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.

10 MAY 20 AM 9: 03

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

2. The true name(s) and business address(es)	
business under the assumed business name: Name	Complete Address
Maria Anthony s	502 Whitecloud, Honosale ID 13/628

3. The general type of business transacted unde	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction	nd Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
502 White cloud Hamedale DD 83628	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
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