

CERTIFICATE OF

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned ED/EFF

submits for filing a certificate of Assumed Business Name. 01 APR 30 AM 10: 35

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

STATE OF IDAHO

İ			01111E 01 10	PUIN	
1.	The assumed business name which the un business is:	dersign	ed use(s) in the transa	ction of	
	- FREDERICKSEN NE	W EL	ISED		
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name) of the e	entity or individual(s) do	oing	
	<u>Name</u>		Complete Address		
	CRAib N. Frederickson	121	- > ./// 5	opinald	'
	Betty L. Fredericksen	ĸ	1 u	u u	<u>92</u> 22
3.	The general type of business transacted un	der the	assumed business no	ma in	
	Retail Trade		Submit Certificate of Assumed Business Name and \$20.00 for Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-008 208 334-2301	ee to:	
	COpy is (if other than # 4 above):		(C		
		592	Secretary of State IDANO SECRETARY OF	-	
Signati	ure: Dotter Inedexiller	ms\abn.p	84/30/2061 CK: 2383 CT: 145713	09:00 BH: 394168	
	Name: Betty Frenericksen	g'korptformstabn formstabn.p85 Revised 01/2001	4.8.45.45	assum name # /	2
Capacity: Owner		pyforms Revise	$\bigcap (I \cup \{0\}) \cup I$		
	(see instruction # 8 on back of form)	g:\cor	1940	1134	
	- · · · · · · · · · · · · · · · · · · ·	,			