

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.

02 SEP -4 PH 2: 18

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

STATE OF MAHO

1. The assumed business name which the under	ersigned use(s) in the transaction of
business is:	Station
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Name Shawron Huwaynar	of the entity or individual(s) doing Complete Address 1022 Lupine IL, Wampa 93686 3013 S. Harbour Springs St. Nampa 8386
3. The general type of business transacted und	er the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	Secretary of State use only
Signature: A lignature required Printed Name: Kris Movne Capacity/Title: (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE IDANO SECRETARY OF STATE 39/04/2002 05:00 CK: CASH CT: 158810 BH: 486258 1 0 20.00 = 20.00 ASSUM NAME # 2