

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-submits for filing a certifi	BUSINESS NAI 504, Idaho Code, the unders icate of Assumed Business I	signed SEC
Please type o	r print legibly.	TAR T
NOTE: See instructions	on reverse before filing	# 岩穴 <b>シ</b> 井
1. The assumed business nan business is:		ANY 16 AN
2. The true name(s) and business under the assumed Name  Pauling Manager	d business name:	• •
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities  Wholesale Trade Construction		
Services  Manufacturing  Finance, Insurance, a	Agriculture Mining	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to we correspondence should be a Pauline Monteit 1031 N 674 ST-Poyette, Idnho 8	addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this copy is (if other than # 4 above):	acknowledgment	Phone number (optional):  208-642-35/0  25/16/2601 69:00  CK: 1138 Cf: 146454 BH: 397547
		Secretary of State, we provin which a

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