

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned May 22

WI TO	submits for filing a certificate of Assumed Bus	iness Na	~ ' UM ID I	
Please type or print legibly. SECRE				
NOTE: See instructions on reverse before filing.				
Please type or print legibly. NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is:				
Encore Specialties and Promotions				
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:				
	<u>Name</u>		Complete Address	
	hellie Schultz 32		10 E. Chinden Blud. #115-210	
	Eric Schultz E		gle, 10 83616	
_				
3. The general type of business transacted under the assumed business name is:				
[<u></u>	Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of			
	Manufacturing Mining Finance, Insurance, and Real Estate		Assumed Business Name and \$20.00 fee to:	
	e name and address to which future rrespondence should be addressed:		Secretary of State 700 West Jefferson Basement West	
	Kelle Schult		PO Box 83720	
4	3210 E. Chinden Blud. #115-210 Eagle 10 83616		Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgment Phone number (optional): copy is (if other than # 4 above):				
_3	Alte Balleto			
ţi	BURGARA BADUEL	55	Secretary of State use only	
Signature: Keller Achutte		ms\abn.p6	IDAHO SECRETARY OF STATE	
Printed Name: Kellie Schulfz		g:\corplorms\abn forms\abn p65 Revised 01/2001	05/23/2001 09:00 CK: CASH CT: 146734 BH: 398791	
Capacity: 0000 1 0 20.6			1 0 20.00 = 20.00 ASSUM NAME # 2	
	(see instruction # 8 on back of form)	in in	1045-525	