Printed Name: Jano

(see instruction # 8 on back of form)

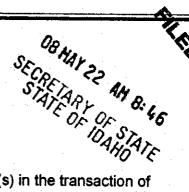
Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



b	The true name(s) and business address(es) of the pusiness under the assumed business name: Name	Complete Address
	Clint Picker 4	<b>1</b>
•	Tanua Pick	1.0. Box 166
•	Tunya FICKER 5	ilverton ID 83867
•		
. Т	he general type of business transacted under the	assumed husiness name is:
		described business fiamle is.
	Retail Trade Transportation and P	ublic Utilities
	☐ Wholesale Trade	
	☐ Agriculture	Submit Certificate of
:	☐ Manufacturing ☐ Mining	Assumed Business
[	Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
T	he name and address to which future	Idaho Secretary of State
	orrespondence should be addressed:	450 N 4th Street
	$\sim$ $\sim$ $\sim$	PO Box 83720 Boise ID 83720-0080
-	Clint or langa Licker	Doise 12 63720-0060
	P.D. BUX 11do	(208) 334-2301
	Silverton ID 83867	
	Name and address for this advantage	
۰. ۱ م	Name and address for this acknowledgment copy is (if other than # 4 above):	
	oop io (ii otriel trait & 4 above).	

IDAHO SECRETARY OF STATE 95/22/2008 95:00 CK: 747 CT: 186495 BH: 1116292 1 0 25.00 = 25.00 ASSUM NAME #

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