7 CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersit submits for filing a certificate of Assumed Business N Please type or print legibly. NOTE: See Instructions on reverse before filing.	gned
1. The assumed business name which the undersigned business is:	
	Complete Address Whitesfore Dr Sidian Id 83646
 3. The general type of business transacted under the a Retail Trade Wholesale Trade Construction Services Agriculture Manufacturing Finance, Insurance, and Real Estate 	
4. The name and address to which future correspondence should be addressed: <u>CHRK REYNOURS</u> <u>2623 W Whitestine dr Meridian ID 83644</u>	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment COpy is (if other than # 4 above):	Phone number (optional): 208-884-4044 Secretary of State use only
Signature: <u>It (gopture required)</u> Printed Name: <u>CHPIS</u> <u>REYNOLDS</u> Capacity/Title: <u>OWNER</u> <u>Promotev</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 84/02/2007 85 800 CK: 1100217 CT: 172099 BH: 1044356 1 8 25.00 = 25.00 ASSUM MARE # 2 DIDACI_1