

## **CERTIFICATE OF**

(see instruction # 8 on back of form)

## ASSUMED BUSINESS NAME 09 MAR 23 AM 8: 51 Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business I  Please type or print legibly.  NOTE: See instructions on reverse before filing.	Name. SECRETARY OF STATE STATE OF IDAHO
The assumed business name which the undersigned business is:  RG3	
2. The true name(s) and business address(es) of the obusiness under the assumed business name:  Name  WRP  W28596  C	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Chan McAlster  2814 No. 1145 St.  Crear d. Alene, TD 83814	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  Secretary of State use only
Signature: Wun w College 8	
Printed Name: Chaux M. Alister  Canacity With: Owner	IRANIA GERMANA
Capacity/Title: Owner	IDANO SECRETARY OF STATE 03/23/2809 05:00

D129256