

Printed Name:

Printed Name: Capacity/Title: ____

Capacity/Title:

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2016 OCT 25 PM 4: 41

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned business is:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Disana Malaambo 327 Ross	entity or individual(s) doing Complete Address N. Jones Pl
3. The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Visang Walgambo 3273 N. Jones Pl Boise ID 83704	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
gnature: isaa Malaamso	Secretary of State use only IDAHO SECRETARY OF STATE 10/25/2016 05:00

CK: 4308750 CT: 172099 BH: 1552385 1@ 25.00 = 25.00 ASSUM NAME #2

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