		111	p.1
CERTIFICATE OF ACCUMENT		FILED EFFE	STIVE
CERTIFICATE OF ASSUME	D BUSIN	ESS NAME	
(Ligate type of blit	nt legibly)	2006 SEP -5	
To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idah	E OF IDAHO	- 5 - 5	
gives notice of adoption of an Ass	o Code, the un Sumed Busines	dersigned SECRETARY	THE REAL PROPERTY.
<ol> <li>The assumed business name which susiness is:</li> </ol>	the undersione	STATE OF	N. SIATE
~ ~		o use(s) in the transaction	in of
_30 Cents			ļ
2. The true name/s) and business			
<ol><li>The true name(s) and business address business under the assumed busines</li></ol>	SS(es) of the e	ntity or individual(s) doin	g
Name	o hante istale.	Complete Add	
Anthony Nichols	- 701, W	Complete Address 15th Aue Post Fa	11s Tass
Sara Nichols	70(04)	15th Ave Post Fa	15 TO 000
	7,00	THE POST FAI	12 TD 838
0 7			
3. The general type of business transaction (mark only those that apply)	ed under the a	ssumed business name	s:
Retail Trade Manufac	•	Transportation and Publ	c Utilities
☐ Wholesale Trade ☐ Agricultu ☐ Services ☐ Construc	re X	Finance, Insurance, and	Real Estate
Services		Mining	
4. The name and address to which future	<b>!</b>		
correspondence should be addressed:		Submit Contis	
700 W 15th Ave	<del></del> -	Submit Certificate of Assumed Business	
Post Falls ID 83854		Name and \$20.00 fe	e to:
	-	Secretory of State	
	<u> </u>	Secretary of State 700 West Jefferson	1   [
Name and address for this acknowledge	Basement West		
CODY is (if other than # 4 above):		PO Box 83720	1 1
	•	Boise ID 83720-0080 208 334-2301	
		Secretary of State use only	
	287	h 1	-221

IDAHO SECRETARY OF STATE 99/05/2006 05:00 CK: 1780 CT: 158010 BH: 973337 1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature:\_\_

Printed Name: Anthony Nichols

Capacity: Owner

(see instruction # 8 on back of form)