CERTIFICATE OF ASSUMED BUSINESS NAMELED (Please type or print legibly)

Capacity: Director

(see instruction # 8 on back of form)

2. The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing
Name Nory Kostol	Complete Address
	509 E. SunRISE DRIVE CORUR d'Alano, ID 83815
3. The general type of business transacted to (mark only those that apply) Retail Trade	ing Transportation and Public Utili
4. The name and address to which future correspondence should be addressed: Nancy Koester 509 £ Sunrise Dr	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Coeur D Alene ID 83814	Secretary of State 700 West Jefferson
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	200 004 200.