

CERTIFICATE OF ASSUMED BUSINESS NAME



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

10 AUG 18 PM 12: 54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the under business is: 	ersigned	d use(s) in the transaction of
- Finger's F1	or	a/
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name Name Singer Anne Alexancer	:	ntity or individual(s) doing Complete Address No W State St
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities		
Retail Trade Transportation a Wholesale Trade Construction	iliu Ful	one offittes
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: **Mark Moral*** **Total*** **Total** **Total		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Boine Id 83702		208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	t	Phone number (optional): 919.0924
Minger alexander		Secretary of State use only
Signature: Man Alianol	g 'corp Vorms'abn forms'abn. p65 Revised 04/2003	De 809 (p
Printed Name: (a) naer Alexander	forms labn form: Revised 04/2003	IDAHO SECRETARY OF STATE 98/18/2003 95:00
Capacity/Title: ()(1) nov	corp\form: Revis	CK: 1420 CT: 158010 BH: 696977 1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	io.	