

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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CERTIFICA ASSUMED BUS Pursuant to Section 53-504, Id submits for filing a certificate o Please type or print	SINESS NAME aho Code, the undersigned f Assumed Business Name.
Instructions are included on b	pack of application.
The assumed business name who business is: Helixx	nich the undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> a business under the assumed business <u>Name</u> Virtuoso!, Inc. (C105143)	address(es) of the entity or individual(s) doing siness name: Complete Address PO Box 776, Filer, ID 83328
Retail Trade Trail Wholesale Trade Col	nsacted under the assumed business name is: nsportation and Public Utilities nstruction riculture sing Eal Estate Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which correspondence should be address to which be address. Brandie Hinen PO Box 776 Filer, ID 83328	Secretary of State
5. Name and address for this acknown copy is (if other than # 4 above):	owledgment
Signature: Brandie Hinen Capacity/Title: President Signature:	
Printed Name: Capacity/Title:	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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