

Capacity/Title:_

President

(see instruction # 8 on back of form)

CERTIFICATE OF
ASSUMED BUSINESS NAME AND LEFT CHAPTER OF THE CHAPT Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name ECRETARY OF STATE OF MAIO

NOTE: See instructions on reverse before filing.

Sunsh	nine Gallery
2. The true name(s) and business address(e business under the assumed business name Name Shoshone Business Center, Inc.	es) of the entity or individual(s) doing me: Complete Address P.O. Box 686, Wallace, ID 83873
The general type of business transacted up ✓ Retail Trade ☐ Transportation ✓ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	nder the assumed business name is: n and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Sunshine Gallery P.O. Box 686 Wallace, ID 83873	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	
ature hayon talobo	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF CTA

IDAHO SECRETARY OF STATE

11/15/2005 05:00

CK: 1861 CT: 158010 BH: 921961
1 0 25.00 = 25.00 ASSUM NAME # 2