CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STA	laho Code, the	e undersigned	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
2.	The true name(s) and business address(e business under the assumed business name Name Mike Brandveld K Cyndria Brandveld	ame is/are:	omplete Address	
3.	The general type of business transacted (mark only those that apply) Retail Trade	ing 🗌 Ti	ransportation and Public Utilities inance, Insurance, and Real Estate lining	
4.	The name and address to which future correspondence should be addressed: Mike or KCyndria Brandvold 767 Donis LN. 010 rown, FD., 83822		Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State	
5	Name and address for this acknowledgment copy is (if other than # 4 above):		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
o:		Revision 1/98	1345 SETAC AND STATE OF STATE	
Signature: Mbe Brandvold Printed Name: Mike Brandvold			1 @ 28.88 = 28.88 ASSUM NAME # 2	
Printed Name: /// Re Unandvold			**	
Capaci	(see instruction # 8 on back of form)	39d uqaysımoydocu; 8		