

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED.

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

02 JUN -5 AM 11: 49

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the under business is: Depart Tay & Claps C	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name: Name Patricia Honga	of the entity or individual(s) doing Complete Address 725 E 1 st Merclian TD-836/2
3. The general type of business transacted under	er the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 125 FIST ST MONDIANTIA	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 837/20 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	208 334-2301 Phone number (optional): 888-3354
	Secretary of State use only
Signature: Atricia Donysa Printed Name: Patricia Gonysa Capacity:	IDAHO SECRETARY OF STATE ### CK: CASH CT: 158918 BH: 469781 1
(see instruction # 8 on back of form)	1 255501