Submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE NOTE: See Instructions on reverse before filing. STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is:	227	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Suscence Share Complete Address Suscence Schwider 1720 N 32nd Beite TD \$3765 3. The general type of business transacted under the assumed business name is: 1720 N 32nd Beite TD \$3765 3. The general type of business transacted under the assumed business name is: 1720 N 32nd Beite TD \$3765 3. The general type of business transacted under the assumed business name is: Submit Certificate of Assumed Business Name is: Beite Construction Submit Certificate of Assumed Business Name and \$25.00 fee to: Services Agriculture Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West P0 Box 83720 Boise ID \$3703 203 334-2301 Phone number (optional): Socretary of State use only Secretary of State use only	ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse befor 1. The assumed business name which the un- business is:	S NAME FILED EFFECTIVE the undersigned 07 APR 13 AM 9: 17 Business Name. SECRETARY OF STATE ore filing. STATE OF IDAHO
 Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: <u>1716 N.32nd</u> <u>Roise ID 83703</u> <u>208:388:0758</u> Name and address for this acknowledgment copy is (if other than #4 above): 	 2. The true name(s) and business address(es business under the assumed business name Name <u>Susanne Schwider</u> 3. The general type of business transacted un Retail Trade 	ne: Complete Address <u>IT20 N 32nd Boise TD 53703</u> nder the assumed business name is: n and Public Utilities
COPY IS (if other than # 4 above): Secretary of State use only	 Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: <u>1716 N. 32nd</u> <u>Boise TD 83703</u> <u>205.388.0758</u> 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Capacity/Title: Clinician Owner E CK: 1752 CT: 158810 BH: 1846953 (see instruction # 8 on back of form) (see instruction # 8 on back of form) 1 # 25.90 = 25.60 ASSUM NAME #	Copy is (if other than # 4 above): Signature: Printed Name: <u>Susanne Schwider</u> Capacity/Title: <u>Clinician Owner</u>	Secretary of State use only IDAHO SECRETARY OF STATE 04/13/2007 05:00 CK: 1752 CT: 158010 BH: 1046953

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