

Capacity/Title: Owner

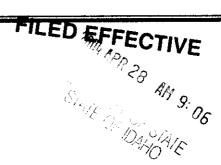
(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



The true name(s) and business address(business under the assumed business named b	
Name	Complete Address
Cheryl Wheeler	923 E. Ashford
	meridian, Id 83642
The general type of business transacted	under the assumed business name is:
X Retail Trade Transportat	tion and Public Utilities
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: Cheryl □ heeler	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
Meridian, Td 83642 Name and address for this acknowledg copy is (if other than #4 above):	ment Phone number (optional):

IDAHO SECRETARY OF STATE

94/28/2094 95:00

CK: 5922 CT: 158010 BH: 741842

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