

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

06 AUG - 1 PH 3: 56

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SLONG - STATE STATE

<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
Prestige Plus Pair	nting & namtemance
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name  Sennifer Walloce	of the entity or individual(s) doing ne:  Complete Address  19145. Owyhel # 6
Wholesale Trade Construction Services Agriculture	and Public Utilities  Submit Certificate of
<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Jennifer Wallack  19145. Oxygree #6  Bolde, Ja. 83705	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):	nt Phone number (optional): (208) 713-2839
	Secretary of State use only
Signature: (signature required)	IDAHO SECRETARY OF STATE  ### CONTROL OF STA
Printed Name: <u>Jennifer Wallace</u>	IDAHO SECRETARY OF STATE  88/91/2006 05:00  CX: CASH CT: 150010 RH: 967900
Capacity/Title: Owner / Manager	CK: CASH CT: 158010 BH: 967908 1 8 25.06 = 25.00 ASSUM MARE # 2