Capacity:

(see instruction # 8 on back of form)

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

To the SECRETARY OF STATE, STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing	E
ON 58	
business under the assumed business name is/are:	
Name Complete Address P.O. Box 8	
Tendoy, Icho	 ;
9346	
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	:
Retail Trade	
4. The name and address to which future Phone number (optional):	7, 185 t
Submit Certificate of	
Assumed Business Name and \$20.00 fee to:	
Secretary of State	
5. Name and address for this acknowledgment 700 West Jefferson Basement West	
Copy is (if other than # 4 above): PO Box 83720 Boise ID 83720-0080	
208 334-2301	
Secretary of State use only	
\text{§} IDAHO SECRETARY OF STATE	
Signature: CX: 1968 CT: 121141 BH: 253925	
Printed Name: \(\frac{1}{20.88} = \frac{28.88}{28.88} ASSUM HAVE I	2

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