Capacity/Title: <u>Favtage</u>

(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. 41 JULY 31 PH 12: 43 SIMIE STATE OF IDAHO

a time or print legibly

1. The assumed business name which the und business is:	dersigned use(s) in the transaction of
<ol><li>The true name(s) and business address(es business under the assumed business nam Name</li></ol>	e) of the entity or individual(s) doing ne: Complete Address
Marsha Waystaft  Dannel Flanerty  Dina Birney  Dible Wagsta (  3. The general type of business transacted ur	28220 Pav ma Rd. Pavma 10 83600 28220 Pav ma Rd. Pavma 10 83600 1220 N. 4th #35 Pavvna 10 83600
	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  Marsha Wagstaf( 28220 Payma Rd	Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (# other than #4 above):	ent Phone number (optional):
	Secretary of State use only
inted Name: Deblue Ways aff	vised 0 9/2002

IDAHO SECRETARY OF STATE

01/31/2003 05:00

CK: 8634 CT: 167838 BH: 668288

1 0 20.00 = 20.00 ASSUM NAME # 2

D 62024