## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned



	Tursdant to Section 33-304, Idaho Con 30-304, Id	undersigned use(s) in the transaction of
2.	The true name(s) and business address(e business under the assumed business naturally and the second	ame is/are:
	The general type of business transacted unique (mark only those that apply)  Retail Trade Manufacturing Manufacturing Agriculture Services Construction	ng Transportation and Public Utilities Finance, Insurance, and Real Esta
5.	Correspondence should be addressed:  1800 N COAL I 108  OUISE 10 83709  Name and address for this acknowledgment	
	COPY IS (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301  Secretary of State use only IDAHO SECRETARY OF ST DATE 03/24/199

Signature: Valerin duran

Printed Name: VALERIU IORGA

Capacity: OWNER

(see instruction # 8 on back of form)

CUST# 78732 19 20.00= 20.00