

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

03 FEB 20 PH 1: 11

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

1ST Chaice Pain	Ting	3
2. The true name(s) and business address(est business under the assumed business name Name ZSOLT TOROK	ne:	Complete Address
	2087 E CLARENEST Veridiga ID 83646	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture		
 Manufacturing		Assumed Business Name and \$25.00 fee to:
	·	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
		(208) 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above).	ent	
		Secretary of State use only
ignature: (signature required) rinted Name: 25027 ToR ok	g/corp/formstebn forms/abn.p65 Revised 04/2003	
Capacity/Title: Owner. (see instruction # 8 on back of form)	g:\corp\fo	IDAHO SECRETARY OF STATE 02/20/2008 05 = CK: 1467732 CT: 172099 BH: 1

1 0 25.00 = 25.00 ASSUM NAME # 2

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