CERTIFICATE OF	FILED EFFECTIV
ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersi submits for filing a certificate of Assumed Business N	
Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigne business is: Equipe Body	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u> <u>Tammie L. Puga</u> <u>359</u> <u>Coe</u>	entity or individual(s) doing <u>Complete Address</u> <u>553000 ell Rd</u> <u>ur d'Alene ID 839</u>
 3. The general type of business transacted under the Retail Trade Wholesale Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Tammie L. Pugg 3595 5 Banneu Rd 	· ·
 <u>Coeur d' Alene, ±0</u> 83814 5. Name and address for this acknowledgment copy is (if other than #4 above): 	Phone number (optional): 208 765 - 8965

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