

Signature:

Capacity/Title: Partner

Printed Name: 57EUN & Park

(see instruction # 8 on back of form)

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. See 13 At 9: 14

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

JATE

The assumed business name which the undersign business is: A Cot Above LANNCARE	
The true name(s) and business address(es) of tr business under the assumed business name: Name	ne entity or individual(s) doing Complete Address
,	•
Scarce Violette 10	7 N Horizon way Nampa It 83686
Steven toole	sane
Kevin Lord	
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
A Cut dove Causewe	PO Box 83720
400 W Horrow way	Boise ID 83720-0080
NAMPS ID 83686	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
- De la company	Secretary of State use only

IDAHO SECRETARY OF STATE

92/13/2004 05:00

CK: 5490 CT: 158010 BH: 727473
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