

## CERTIFICATE OF ASSUMED BUSINESS NAME

O8 JUL 28 PM 3: 21

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing ame:
Name	Complete Address
ANTIEK H. WEVEZ	Calduell ID
	83607
3. The general type of business transacted to Retail Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction	ion and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Out nick #. Wake	idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
EBOOR WILLS Pd.	(208) 334-2301
5. Name and address for this acknowledge	 ment
COPY IS (if other than # 4 above):	
	Secretary of State use only
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rinted Name: Patrick 11. Molus	- LESSON SECRETARY OF STATE
apacity/Title: Owner	IDAHO SECRETARY OF STATE 97/28/2008 05:01
(see instruction # 8 on back of form)	- 8 CA: LISH CT: 158818 BH: 11291 1 0 25.08 2 25.08 CURRENCY