

Printed Name: Dance

Capacity/Title: Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

## FILED EFFECTIVE

04 APR -2 AM 11: 11

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is:	ed use(s) in the transaction of
ME	entity or individual(s) doing  Complete Address  33 WILL  PEDEAN TO
3. The general type of business transacted under the  Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  1423 W 1455 MERIDIAN DO 831042	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):  888-9486
99d tug	Secretary of State use only

groot promise and norms as Revised 04/2003

INANO SECRETARY OF STATE 94/92/2004 95 = 00 CK: CASH CT: 158618 NH: 737118 25.00 = 25.00 ASSUM NAME 1 2

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