

Printed Name:_

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAMELED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 7893 007 27 PM 2: 27

Please type or print legibly. NOTE: See instructions on reverse before filir	TIG. STATE OF IDAHO
 The assumed business name which the undersign business is: Mountain Latentity 	ned use(s) in the transaction of
2. The true name(s) and business address(es) of th business under the assumed business name: Name BECKY HINSON CHANE HINSON	e entity or individual(s) doing Complete Address D BOX 2067 MCCAII, IS SAME
Retail Trade Transportation and F Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional);
ature: Delly Delly 196	Secretary of State use only

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 10/27/2003 05:00 CK: 1751 CT: 158010 BH: 788686 @ 25.00 = 25.00 ASSUM NAME # 2 1 8 25.00 =

