

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 114 All 9: 05

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

Capacity/Title: Owner/Sole proprietor (see instruction # 8 on back of form)

4 -	STATE OF IDAHO
The assumed business name which the undersign	ned use(s) in the transaction of
business is:	
Freedom for the Broken	hearted
•	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
Desirán D Vina MS	Complete Address
- Destruction, Ma Pr	7 Kox 304
	ndpaint, ID 83864
3. The general type of business transacted under the	assumed husiness name in
	assumed business name is.
Retail Trade Transportation and P	ublic Utilities
Wholesale Trade 🔲 Construction	
	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Dr. Dr. 2011	Basement West
PO 10 304	PO Box 83720
Sanapoint, 11) 838/04	Boise ID 83720-0080 208 334-2301
	250 50 1 250 1
5. Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above).	(
	-
	Secretary of State use only
Signature: Lesino R. Kins M. 18	
(signature required)	IDANG SECRETARY OF STATE
Signature: <u>Desirée R. Kins</u> , MS Printed Name: <u>Desirée R. Kins</u> , MS Capacity/Title: <u>Owner/Sale proprietor</u>	<i>05/14/2003 05:00</i>
Capacity/Title: Owner/Sole proprietor	THE 25.00 = 25.00 ASSUM MAME # 2