FILED EFFECTIVE



Capacity/Title: <u>OWner</u>

(see instruction # 8 on back of form)

CERTIFICATE OF

ASSUMED BUSINESS NAME 10 MAR -4 AM 8: 18

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

STATE OF IDAHO

D137392

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

1. The sesumed business name which the unders business is: Ed + k/5 C/60	
2. The true name(s) and business address(es) of business under the assumed business name: Name Edith SoSa I	the entity or individual(s) doing Complete Address O Box 713 Donnelly D 83615
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Edith Sosa Cobbox 7/3 Donnelly, ID B3615	
5. Name and address for this acknowledgment copy is (if other than #4 above): ### ### ############################	Secretary of State use only IDANO SECRETARY OF STATE 93/94/2819 95:89 CX: 1835 CT: 244824 BH: 1218756 1 B 25.68 = 25.69 ASSUM NAME # 2