

Printed Name: 14

Capacity/Title: OWN W

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 JUL 28 AM 8: 06

FILED EFFECTIVE

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.

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Faye M. Pa He N. P. D.	e entity or individual(s) doing Complete Address Box 121 Paul, Td, 83347
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Eave Paten D. Ba. Just 4-U. Rox 12 Faul Taho 83347	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): Fave Pattern D. B. A. Just 4-11	Phone number (optional): (208) 670 - 3089
Box 12-1 Paul, Idaho 83347 Signature: Tayun Patter	Secretary of State use only

IBANO SECRETARY OF STATE 07/28/2009 95 # 90 CK: 1225 CT: 158819 BH: 1188533 1 8 25.88 # 25.88 @SSIM MARE # :

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