

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JAN 22 AM 9: 46

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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. The true name(s) and business addres business under the assumed business	
Travis Anderson	260 Jackson St, Twin Falls ID 83301
3. The general type of business transacte	ed under the assumed business name is:
Retail Trade Transport Wholesale Trade Construc Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es The name and address to which future correspondence should be addressed: Travis Anderson	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment
	Secretary of State use only
nature:	- 000 000 000
nted Name: (signature required) Travis Anderson	IDAHO SECRETARY OF STATE
pacity/Title: Partner	
(see instruction # 8 on back of form)	1 2 25.80 = 25.88 ASSUM MANE

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