

Capacity/Title:__

CERTIFICATE OF ASSUMED BUSINESS NAME

10 SEP 21 PH 2: 39

STATE OF IDAHO

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

Please type or print legibly.
Instructions are included on back of application.

The assumed business name which the undersign business is: Har by Tamáras	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Tamara S. Tatbot IT	Complete Address Sto Cherry Lane, Str. 140 Necidian, Fd. 83646
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services	
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: Tamára Talbot 2482 W. Crossland Dr. Meridiah, Id. 83646	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	
Signature: NIMA SO So SOLODO	Secretary of State use only
Printed Name: Tamára S. Talbot	
Capacity/Title: Ougher	IDAHO SECRETARY OF STATE
Signature:	09/21/2010 03:00
Printed Name:	CK: CASH CT: 158919 BH: 1233847 1 @ 25.80 = 25.80 ASSUM NAME # 2

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