

Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

OI SEP-7 AH 8: 19
SEURE JAM DE STATE OF IDAHO

Piease type or print legibly. NOTE: See Instructions on reverse before filing.

. The assumed business name which the under business is:	signed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name SHANON M FRIDDE DAIE A FRIDDE	the entity or individual(s) doing Complete Address LOS SOUTH MAIN SODA STRINGS, ID 83276
3. The general type of business transacted under	r the assumed business name is:
Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above).	Phone number (optional): 547-4879
Inature Shanon MY woldle Inted Name: SHANON M FRIDULE	Secretary of State use only Secretary of State use only

IDANO SECRETARY OF STATE
69/67/2861 65:66
CK: 1177 CT: 151826 BH: 417926
1 8 28.68 = 28.88 ASSUM NAME # 2

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