

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Places type

NOTE: See instructions on reverse before filing.	and the state of	Control of the contro
in the second mondations of feverse before filling.		8
1. The assumed business name which the undersigned use(s) in the transation business is:	ctlon of	AH 10: 02
		2
The true name(s) and business address(es) of the entity or individual(s) of business under the assumed business name:	gniot	
Name Complete Address		
Christopher Sevenson 4155 Yellmodon	« are	# 1107
11a Stevenson 4/155 Yellowson	e are:	#1107
- toracollo,	JO ?	3300
The general type of business transacted under the assumed business na	me is:	
Retail Trade	ee to:	
 Name and address for this acknowledgment Phone number (option copy is (if other than # 4 above): 	onal):	ľ
		
Secretary of State	use only	
Signature: Charles Stevenson Capacity/Title: Signature required) Capacity/Title: Signature required) Capacity/Title: Signature required) Signature required) Signature required) Signature required) Signature required) Signature required) Signature: Charles Stevenson Signature: Charles Stevenso	प्रभिग	
Capacity/Title:		
(see instruction # 8 on back of form) [See instruction # 8 on back of form) [See instruction # 8 on back of form) [See instruction # 8 on back of form)	: 158010	STATE 05:00 BH: 723891 SUM NAME # 2