

## CERTIFICATE OF ASSUMED BUSINESS NAME

Fillian

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

D 62536

The assumed business name which the under business is:      The tot Spot	signed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name:  Name  Name  Novgen  Output  Description:	the entity or individual(s) doing  Complete Address  Ray 208 A Main St.  Marsing, Id 83639
3. The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation as Wholesale Trade Construction	nd Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Stacy Morgan 208 A Marsing 1d., 83639	PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208-989-6919
HC 79 BOX 106 E Melba, Id. 83641	Secretary of State use only
Signature: Stacy & Morgan  Printed Name: Stacy R. Morgan  Capacity/Title: President  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  IDAHO SECRETARY OF