

CERTIFICATE OF ASSUMED BUSINESS NAME

27	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed E Please type or print legibly. NOTE: See instructions on reverse before	S NAME the undersigned Business Name.
The assumed business name which the unbusiness is: Chinker Chi	dersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business name Name Kimberly Mills	s) of the entity or individual(s) doing ne: Complete Address 481 South 75 East Victor ID 83453
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Kimberly Mills Chinker Chick 481 5 75 E Victor, TD 8349 5. Name and address for this acknowledgme copy is (if other than #4 above): Same	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Signature:	Secretary of State use only 20