

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME 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.

 The assumed business name which the undersigned business is: VP Subvay The true name(s) and <u>business</u> address(es) of the end business under the assumed business name: Name Virginia Landa 42210 	
3. The general type of business transacted under the and Retail Trade Transportation and Public Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Color Col	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208-337-5727
Signature: Badiola Jelle Son Badiola Jelle Son Badiola Jelle Son Badiola Son B	Secretary of State use only IDAHO SECRETARY OF STATE 99/22/2005 95:00 CK: 4898 CT: 192545 BH: 913131 1 9 25.80 = 25.80 ASSUM NAME # 3

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