	CERTIFICATE OF ASSUM (Please type or print legibly.	MED BUS See instructio	SINESS NAME FILED
	CERTIFICATE OF ASSUM (Please type or print legibly. S To the SECRETARY OF STATE, STATE) Pursuant to Section 53-504, Idat gives notice of adoption of an Ass	TE OF IDAH(ho Code, the ssumed Busir	undersigned 2: 13
1.	The assumed business name which the unbusiness is: Coscs form.com		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	David R. Ramsex	Cor 2724 Sminole	nplete Address Av. Nampa II 83686
3.	The general type of business transacted ur (mark only those that apply)	nder the assu	med business name is:
	Retail Trade		nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed:	hone numbe	(optional): 208 - 467-3667
	2724 Seminole Dr.		Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Name and address for this acknowledgment copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		on 1798	Secretary of State use only 19AHO SECRETARY OF STATE
Signatu	ire: Ted William	Revision 1/88	21/12/2600 09:00 (: 1818 Cf: 125158 BH: 281885 8 26.68 = 26.68 ASSUM NAME # 2
Printed Name: Navid K. Kamsex Capacity: Owner g			D 32106
Japaoi	(see instruction # 8 on back of form)	g:corpMomstabn.p65	U UCIUV