CERTIFICATE OF ASSUMED BUSINESS NAME

1.	The assumed business nam business is:	,		se(s) in the t	ransaction of
	CHADDS UNI	ECT, B,	E.S		3
2.	The true name(s) and business address(es) of the entity or individual(s) doing 5 business under the assumed business name is/are:				
	Name			Addres	S PONT
λ	CHADD:	//	778/1	MINAD C	R TOUR IN
3.	The general type of business	transacted und	er the assi	ımed busine	ss name is:
3.	The general type of business	transacted und	er the assi	ımed busine	ss name is:
3.	The general type of business RADE See categories on the reverse	transacted und	er the assu	umed busine	ss name is:
	See categories on the reverse				
	RETAIL TRADE				
	See categories on the reverse The name and address to whe GLENDA CHAI	ich correspond	ence shoul	d be address	
	See categories on the reverse The name and address to whe GLENDA CHAI	ich correspond	ence shoul	d be address	
	See categories on the reverse The name and address to whe GLENDA CHAI	ich correspond	ence should	d be address	

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Idahe Sales and line tax Customer # 000 333696-5

Secretary of State use only

IDAHG SECRETARY OF STATE 95/13/2003 05:00 CK: 9649 CT: 156010 BH: 660269 1 2 25.00 = 25.00 ASSUM MANE # 2

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