227 CERTIFICATE OF ASSUMED BUSINESS NAM IFICATE OF ASSUIVIED DOCINED DOCINE (Please type or print legibly. See instructions on reverse.) SC TUE To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction business is: lahsimeroi |a|| 94 Jeed 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Sharon Annizubieta 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina Phone number (optional): 208-876-4402 4. The name and address to which future correspondence should be addressed: SHARON RRITUBICTA Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** COPY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only LOAHO SECRETARY OF STATE Revision 12/99 02/05/2001 09:00 CK: 5926 CT: 138849 BH: 376894 Signature: 7 28.88 = 28.88 ASSUN NAME # 2 Printed Name: SHARON 3:\corp\forms\abn.p65 D 42410 Capacity: $OW \cap \rho_R$ (see instruction # 8 on back of fm