

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned

027JUV13 018:47 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before	filing. SEOMER OF CARE STATE OF BARB
The assumed business name which the under business is: A Cut Above laws	rsigned use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name: Name AVEA MYCKS	f the entity or individual(s) doing Complete Address 200 E MUTM AUC CDA U-8381
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: AVED TOM: Iton AVE CDA: [dalso 83815]	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 208 - 104 - 2112 .
	Secretary of State use only
Signature: Jane (Signature)	IDAHO SECRETARY OF STATE ### ### ### ### ### ### ### ### ### #
Printed Name: <u>Javed Myers</u> Capacity/Title: <u>Owner</u>	IDAHO SECRETARY OF STATE ### DESCRIPTION OF STATE #### DESCRIPTION OF STATE #### DESCRIPTION OF STATE ##################################
(see instruction # 8 on back of form)	