		- Marie Committee Committe		
	CERTIFICATE OF ASSU (Please type or print legibly.	MED BU See instruction	SINESS NAME () ons on reverse.)	
The second	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the	e undersigned	
1.	The assumed business name which the unbusiness is:		se(s) in the transaction of	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	KAThy Freer Michello Kementeria	<u>C.</u> 41447 2015 ⁻ E	Iniew Br Brise 837/2 Boerg And Brise 837/4	
3.	The general type of business transacted universe that apply) Retail Trade Wholesale Trade Agriculture	ng 🔲 Tr	umed business name is: ransportation and Public Utilities \(\) nance, Insurance, and Real Estate	
4 .	The name and address to which future correspondence should be addressed:	n □ Mi	ining er (optional): <u>208-34/2-57/</u> 5	
	HATTY Green 414 Hillyew Dr Boise, Id 83712		Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State	
	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
Signatu	ure: Italia Doca:	Revision 1/96	Secretary of State use only 10AHO SECRETARY OF STATE 10/13/1998 09:00 CX: 1397 CT: 185236 BH: 152921	

1 8 29.00 = 29.00 ASSUM MAME # 2

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Printed Name: Kathy Green Capacity:__

(see instruction # 8 on back of form)