

Capacity/Title:\_\_\_()\(\begin{align\*} \text{\text{\$\left() \text{\$\left()\$}}\end{align\*}\)

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2006 APR 10 AM 9: 50

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is:      HIE Angels Chi	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Claudia Cole 5553	ntity or individual(s) doing  Complete Address  Millian Avenue  Lien Cety (ld,  83714
3. The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Claudia Cole  55.53 Millium Huml  Jarden City, L.d. 83714	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional): <u>853-3473</u>
Signature: Claudia de Colombia su la colombia de Colom	Secretary of State use only