

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

06 APR 27 PM 4: 09

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

<ol> <li>The assumed business name which the under business is:</li></ol>	of the entity or individual(s) doing
Olexander Delira	Complete Address  STIL Circadian Drive  aldwell, ID 83605
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  MANUTODES & CSCLOTES  311 ARCAGOLO DE  CALCINITION SALOS  5. Name and address for this acknowledgmen copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Delia Signature required Dalia Capacity/Title: Capacity/Title: See instruction # 8 on back of form)	Secretary of State use only  1DAHO SECRETARY OF STATE  4/27/2006 05:00  CK: 1673 CT: 199714 BH: 951777  1 2 25.00 = 25.00 ASSUM NAME 1 2