227

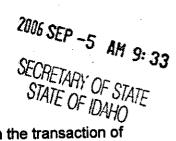


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



UnityCan	dles.com		
The true name(s) and business address(es)	of the en	tity or individual(s) doing	
business under the assumed business name Name	ð.	Complete Address	
	Joan Ann Piper 16039 N		
•		N. Broken Top Drive, Nampa, ID 83651	
	· · · · · · · · · · · · · · · · · · ·		
The general type of business transacted und	der the as	ssumed business name is:	
Retail Trade Transportation	and Publ	ic Utilities	
Wholesale Trade Construction			
Services Agriculture		Submit Certificate of	
Manufacturing Mining		Assumed Business	
Finance, Insurance, and Real Estate		Name and \$25.00 fee to:	
. The name and address to which future		Secretary of State	
correspondence should be addressed:		700 West Jefferson	
·		Basement West PO Box 83720	
Joan Ann Piper		Boise ID 83720-0080	
16039 N. Broken Top Drive, Nampa, ID 83651		208 334-2301	
5. Name and address for this acknowledgme	ent	Phone number (optional):	
COPY is (if other than # 4 above).			
		Secretary of State use only	
	2		
$\mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A}$	Maghur		
nature: (signature required)	n form		
nted Name: Joan Ann Piper	gitcompliamentation formstation p85 Revised D4/2003		
pacity/Title: Owner / Manager	P. Complete	IDAHO SECRETARY OF 1	
(see instruction # 8 on back of form)	ä	CK: 7572 CT: 189292	