

Printed Name:

(see instruction #8 on back of form)

Capacity:

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.

SEP 19 12 34 PH 101

SECRET STATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| 1. | The assumed business name which the undersigne business is: | ed 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 Permary Rinnold Permary Ti | ntity or individual(s) doing Complete Address BOX 259 WILDER DA HO 83676 |
| 3. | The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | |
| 4. | The name and address to which future correspondence should be addressed: | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5 | i. Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): |
| | Rosmary Grimaldo HOBOX 259 Wilder In 82676 | Secretary of State use only |

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CK: CASH CT: 151440 BH: 419845
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