

Capacity/Title:

(see instruction # 8 on back of form)

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.

Please type or print legibly.

07 MAR 29 PM 12: 05

NOTE: See instructions on reverse perore filling	SECRETARY OF STATE
The assumed business name which the undersign business is: Maso was	\mathcal{A}
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name To Hiz	Complete Address Complete Add
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 100 w Samonfilu #201 Boke B 85709	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): [208] 713 -1429
	Secretary of State use only
Signature: Soul Signature required by the Source of the So	IDAHO SECRETARY OF STATE 93/29/2007 05:00 CK: CASH CT: 158010 BH: 1043479 1 8 25.00 = 25.00 ASSUM NAME #

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