

Capacity/Title: Owner

(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.

05 AUG -8 PM 4: 35

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECREMENT OF STATE STATE OF IDAHO

. The assumed business name which the undersign business is:  Miss Assist	ed use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Padading LLC  W39719	entity or individual(s) doing <u>Complete Address</u>
3. The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson
Miss Assist 1287 Carissa ave Boise ID \$3704	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):
gnature: Ann (stgnature duired) ungest unger sinted Name: Kwen M. Fen vinger	Secretary of State use only  IDANO SECRETARY OF STATE  08/09/2005 05:00  CK: 2255 CT: 158010 BH: 985188  1 0 25.00 = 25.00 ASSUM NAME 1

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