

Capacity: 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.

01 SEP 24 AM 9: 42

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

0 48560

| Just Play'N   |  |
|---|--|
| 2. The true name(s) and <u>business</u> address(es) of the end business under the assumed business name:  Name  Sheppie Lewis - Cato 39  Bois | entity or individual(s) doing  Complete Address  OO E Amity Rd #29  SE IA 83716  |
| 3. The general type of business transacted under the  | assumed business name is:  |
| Retail Trade  | Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional): |
|   | Socretary of State use only  |
| ignature: Sherrie L. Lewis - Cato   | Secretary of State use only  IDAHO SECRETARY OF STATE  99/24/2001 95:06  |