Capacity:

(see instruction # 8 on back of form)

· 	FILED/EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reversely) (Please type or print legibly. See instructions on reve	
The true name(s) and business address business under the assumed business n Name	(es) of the entity or individual(s) doing name is/are: <u>Complete Address</u>
GLEN. HULING	P.O.Box 242 KUNA ID 83634
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade	
POBCX Z4Z KUNA IS 8363X	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
5. Name and address for this acknowled copy is (if other than # 4 above):	gment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
P.O. BOX 242 KUNA ID 8363.	100HD SECRETARY OF STATE Secretary of State use only 11/15/2000 09:00 CK: 137 CT: 138478 BH: 360609 1 20.00 = 20.00 ASSUM NAME # 2
Signature: GEN HULING Printed Name: GEN HULING	— Water post Paris Paris