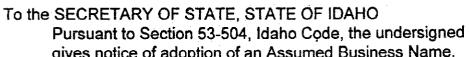
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





	gives notice of adoption of an Assumed t	Dasilioso Hallio.
<b>1.</b>	The assumed business name which the und business is:	lersigned use(s) in the transaction of
	Domestic Referral	agency of Boise
^	The true name/a) and historian address/as	of the entity or individual of doing
۷.	The true name(s) and business address(es) business under the assumed business name	e is/are:
	Pamela Mame	2512 S. Stanley Street
	· • · · · · · · · · · · · · · · · · · ·	BOISE, FD 83705=
	And the state of t	
3.	The general type of business transacted under the assumed business name is:     (mark only those that apply)	
	Retail Trade Manufacturing	Transportation and Public Utilities
	☐ Wholesale Trade ☐ Agriculture	Finance, Insurance, and Real Estate
	Services Construction	Mining
-	······································	and the second s
4.	The name and address to which future Pharmaconce should be addressed:	hone number (optional):
		1
	same as about	Submit Certificate of
		Assumed Business Name and <b>\$20.00</b> fee to:
		Secretary of State
5.	Name and address for this acknowledgment	700 West Jefferson t Basement West
J.	COPY is (if other than # 4 above).	PO Box 83720
	Eam as about	Boise ID 83720-0080
	CANTO CANDO	208 334-2301
		Secretary of State use only
		2 IDAHO SECRETARY OF STATE
Signat	ture: Janual Mari Rago	1DAHO SECRETARY OF STATE  28
	d Name: Pamela Maufield	1 0 20.00 = 20.00 ASSUM WAME
Capac	city: Dimer	) 17887 17887
	(see instruction # 8 on back of form)	J / / / 0 0 1