The state of the s

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFI	CATE OF ASSU	MED BOSINESS NAME
Pursuant to S	OF STATE, STATE OF ection 53-504, Idaho Coo med Business Name.	IDAHO 98 APR -3 AH 9: 59 de, the undersigned gives notice of IDAHO STATE OF IDAHO
1. The assumed bu business is:	_	ndersigned use(s) in the transaction of [Custom Embroidery]
	and business address(e ne assumed business na	s) of the entity or individual(s) doing me is/are:
Lop Hor	Name N.ev - /	10R OI BOX 263 Naph, Id 83847
Nick, Hz Don Smi	th t	POBOX 522 Ronners Fevry Id 6360
3. The general type		inder the assumed business name is:
Custom Em	broidery on Jo	rckete & Cays & Sale of Same
	· · · · · · · · · · · · · · · · · · ·	Rox 263 Naples Id 83847
	Signed _	Dick Hornes
	By _ Capacity <u>f</u>	Owner, Manager
Submit Certificate of Assumed Business Name and \$20.00 fee to:		Customer# 572-62-5285
Secretary of State 700 West Jefferse PO Box 83720 Boise ID 83720-0	e on	\$\frac{\frac

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