

Printed Name: Daphne

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 NOV 20 AM 8: 59

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

 The true name(s) and business address(business under the assumed business named 	(es) of the entity or individual(s) doing
Name	ame: Complete Address
Deplus Pristice	
	Dixie Pd
	Date 10-83525
The general house of least	
The general type of business transacted	under the assumed business name is:
	ion and Public Utilities
☐ Wholesale Trade ☐ Constructio	n
☐ Services ☐ Agriculture	
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Estat	Assumed Business te Name and \$25.00 fee to:
The name and address to which future	1
correspondence should be addressed:	Secretary of State
	700 West Jefferson Basement West
same as about	PO Box 83720
2779 DIXIE RO	Boise ID 83720-0080
DIXIE 1D. 83525	208 334-2301
. Name and address for this acknowledgm	Phone rumbar a
copy is (if other than #4 above):	
1. 2 (autot mottle 4 ennach	
Same as about	308 EU2-2418

Corptormstabn formstabn Revised 04/2003

Kinskie

IDAHO SECRETARY OF STATE
11/20/2008 05:00
CX: 188115786 CT: 158818 BH: 1145323
1 8 25.88 = 25.80 ASSUM NAME # 2

Dispusp