## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO

(Please type or print legibly.	
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:  W. F. H. ELHER PRISES	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address	
SEAN MADRON 4	P.O. Box 1741 NAMPA, DD. 83651
The general type of business transacted under the assumed business name is:  (mark only those that apply)	
Retail Trade	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
<ol> <li>The name and address to which future Pho correspondence should be addressed:</li> </ol>	ne number (optional):
W. F. H. PAHERPRISES	Submit Certificate of Assumed Business
P.O. BOX 1741	Name and \$20.00 fee to:
NAMPA, ID. 83651	Secretary of State 700 West Jefferson
<ol> <li>Name and address for this acknowledgment copy is (If other than # 4 above):</li> </ol>	Basement West PO Box 83720
Same As ABove	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Mayor	IDAHO SECRETARY OF STATE 08/16/2001 05:00
Printed Name: Stand MADRING	CK: 2134 CT: 150120 BH: 413930 1 9 20.00 = 20.00 ASSUM NAME II 2
Capacity: PRISIDENT (see instruction # 8 on back of form)	E LITYLY