

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. OI JUL II AM 9: II STATE OF UP STATE

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

(see instruction # 8 on back of form)

business is:  Olayan Enterprises  The true name(s) and business address(se)	of the optiturer individual/a) dains
<ol><li>The true name(s) and <u>business</u> address(es) business under the assumed business name</li></ol>	
<u>Name</u>	Complete Address
Mashaide Ahrens	7154 W. State St. PMB 205
	Buise 10 83703
3. The general type of business transacted un	nder the assumed business name is:
☐ Retail Trade ☐ I ransportation ☐ Wholesale Trade ☐ Construction	Tand Fublic Otinites
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  7/54 W. State St. PMB 205  Borse 10 83703	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
	Secretary of State use only
nature: Mashaide Ahrens	Bevised 01/2001  IDAHO SECRETARY OF STATE  7/11/2001  CK: 115A CT: 14847

1 0 20.00 = 20.00 ASSUM NAME # 2

046711