Printed Name:

Capacity/Title:

(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.

<u>Please type or print legibly.</u> See instructions on reverse before filing.

NOTE: See instructions on reverse before filing	<u>19.</u>
The assumed business name which the undersig	্রি ৩ ned use(s) in the transaction of
business is:	. ,
Partie Smartie	
2. The true name(s) and business address(es) of th	e entity or individual(s) doing
business under the assumed business name:	,
<u>Name</u>	Complete Address
Desta Cachar 62	30 Mean Post Falls in
Doba Los Casasa	D Megin rest tals in
Dily Lue (Oche)	

The general type of business transacted under the	a anatomical business are to
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F	Public Utilities
☐ . Wholesale Trade ☐ Construction	
Services Agriculture	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
\sim	Basement West
Partie Smartie	PO Box 83720
PO BOX 2618	Boise ID 83720-0080
Post Falls 10 83854	208 334-2301
	D
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	208-777-8406
	Socretory of State year and
	Secretary of State use only
ature: Dobla Cooper	
ature. 1/1/2011 PER	IBANA CCCDETARY OF STATE

g: \corp\tioms\text{lebn forms\text{vat}} Revised 04/2003

IDAHO SECRETARY OF STATE
11/01/2004 05:00
CK: 1122 CT: 158010 BH: 774067
1 8 25.00 = 25.00 ASSUM NAME # 2

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