CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECHERAL OF STATE STATE OF IDAHO

Cama	as Creek Shires
The true name(s) and business address business under the assumed business r	
Name	Complete Address
Laura L Twist	P.O. Box 277
Robert M Twist	Victor ID
	83455
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction	ation and Public Utilities
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Assumed Business
The name and address to which future correspondence should be addressed: Laura L Twist	Secretary of State 700 West Jefferson Basement West PO Box 83720
P.O. Box 277	Boise ID 83720-0080
Victor ID 83455	208 334-2301
 Name and address for this acknowledg copy is (if other than # 4 above). 	gment Phone number (optional): 208-709-8188
***************************************	Secretary of State use only
gnature: haus I. Turst (signature required) Tinted Name: Laura 1. Twist apacity/Title: Owner (see instruction # 8 on back of form)	

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