

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.

(see instruction # 8 on back of form)

2. The true name(s) and business address business under the assumed business name Name CHERY/ CHRISTIANSON	(es) of the entity or individual(s) doing ame: Complete Address 1337 A(bion Ask BushuId B33/8
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Services Agriculture	ion and Public Utilities
☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Sacrath Priving 1337 Albien Ave 13414, Id. B 33/8	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledged copy is (if other than # 4 above); 	Phone number (optional):
	Secretary of State use only
gnature:	IDANO SECRETARY OF STATE ### Coopyright Coo