

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 65 DEC 28 PH 12: 45

SECRE A SHOP STATE STATE OF IDAHO

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

Owner

(see instruction # 8 on back of form)

Capacity/Title:

The assumed business name which the under business is: Lost Souls Kuston	
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name: Name Keur Bowen ———————————————————————————————————	
3. The general type of business transacted under Retail Trade Transportation at Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Well Bound Loye Boise, ID 83706 Soise, ID 83706 Soise To 83706	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: /// (signature required) Printed Name: /// Rough	Secretary of State use only Secretary of State use only State use only