

Signature:_

Printed Name: Ama

Capacity/Title: Owner

(see instruction # 8 on back of form)

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.

OB MAY 29 AM 8:43
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

"Hello Boise"	
The true name(s) and business address(e business under the assumed business name	me: Complete Address
Amanda Walrath	14135. Roosevelt St., Boise ID 83705
The general type of business transacted uses a large and the services and Real Estate. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:
(Pmanda Walrah) 5. Name and address for this acknowledge	ment

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IDAHO SECRETARY OF STATE
05/29/2008 05:00
CX: 148 CT: 226425 BH: 1117155
1 8 25.88 = 25.88 ASSUM NAME # 2