

CERTIFICATE OF ASSUMED BUSINESS NAME

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)

08 OCT 22 AM 8: 54 SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: The Local Market CdA	
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Amissa Duwuk	es) of the entity or individual(s) doing ame: Complete Address 1702 E. Front Au Coeur d'Hun, 10 83814
3. The general type of business transacted at Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Anissa Duwaik 1702 E. Front Ave Coeur d'Alene, 10 83814	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgm copy is (if other than # 4 above).	nent Phone number (optional):
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 10/22/2008 05:00 CK: 1021 CT: 230772 BH: 1141161 2 1 2 25.00 = 25.00 ASSUM NAME # 2

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