CERTIFICATE OF ASSUMED E (Please type or print legibly. See instru	ictions on reverse DE 728 1281
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Co- gives notice of adoption of an Assume	de, the undersigned
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Name Name	Complete Address
David Varion	Lewiston Idaha 83501
3. The general type of business transacted under the assumed business name is:	
☐ Retail Trade ☐ Manufacturin☐ Wholesale Trade ☐ Agriculture☐ ☐ Construction☐	Finance, Insurance, and Real Estate
4. The name and address to which future Phone number (optional): 208 - 746 - 9355 correspondence should be addressed:	
David Burton 108 10th st.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Lewiston Idahu 83501	Secretary of State
 Name and address for this acknowledgme copy is (# other than # 4 above): 	PO Box 83720
	Boise ID 83720-0080 208 334-2301
· · · · · · · · · · · · · · · · · · ·	Secretary of State use only
	S S S S S S S S S S S S S S S S S S S
Signature: Cavin Burton	IDAHO SECRETARY OF STATE
Printed Name: David Burton	변 //12/2006 09:00 CK: 5335 CT: 133423 BH: 332918
Capacity: Owner	1 0 26.00 = 20.00 ASSUM HAME # 2
(see instruction # 8 on back of form)	D 27242