FILED/EFFECTIVE

00 APR 12 AM 8: 44

## CERTIFICATE OF ASSUMED BUSINESS NAME

To	o the SECRETARY OF STATE, STATE (	OF IDAHO 00 APR 12 AM 8: 44
		Code, the undersigned gives notice dATE STATE OF IDAHO
The assumed business name which the undersignature business is:		
	St Jude Th	adeus
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	ROSA Marque Z	224 PAlace way
		224 PAJACE MAY  MAMPA ID 83687
3.	The general type of business transacted Care	I under the assumed business name is:
	See categories on the reverse	
4.	The name and address to which correspondence should be addressed:  Los A Marque 7	
	NAMPA ID \$367	
	,	hade or prails
	Ву	
	Capacit	У
	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:	Customer #  IDAHO SECRETARY OF STATE
	Secretary of State	84/42/2366 · 69:00 CK: 1587 CT: 129783 PH: 386329
	700 West Jefferson PO Box 83720	1 0 20.00 = 20.00 ASSUM NAME # 2