

## **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)

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SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address(es) of t business under the assumed business name:  Name  Debara S Bray	he entity or individual(s) doing  Complete Address  DI LO Savor CH, COA, Jd
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Dobard Brown Alleno Dd 83815	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  Secretary of State use only
rinted Name: Separature equired Separative (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 11/03/2008 05:0 CK: 4080 CT: 158010 BH: 11426