CERTIFICATE OF ASSUMED BUSINESS NAMEED (Please type or print legibly. See instructions on reverse.)

7 70	Pursuant to Section 53-504, Ida gives notice of adoption of an As		AND THE REPORT OF THE REPORT O
1.	business is:	idersigned di	se(s) in the transaction or
	DRTN FUN N'	GAMES	<u>, </u>
2.	The true name(s) and business address(es business under the assumed business name	s) of the entity ne is/are:	or individual(s) doing
	SREET D. Name ARTON :	<u>Co</u> 30/0 (200	mplete Address Walkow IDAHO FAKLS ZD
	CACCA C. CE MEION	as OREC	83/01
3.	The general type of business transacted ur	nder the assu	med business name is:
	Retail Trade	☐ Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning
	The name and address to which future P correspondence should be addressed: CRECE DE ARTW	hone numbe	r (optional)(208) 529 - 4621
	3515 GREENWILLOW		Submit Certificate of Assumed Business
,			Name and \$20.00 fee to:
	Name and address for this acknowledgmen copy is (if other than # 4 above):	ut .	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		9	Secretary of State use only IDAHO SECRETARY OF STATE
,		Revision 1/28	68/67/1998 69:00 CK: 653 CT: 182438 BH: 134635
naty	re: A Company of the	2	1 0 20.00 = 20.00 ASSUM NAME
ited	Martie: GREG D. DE ARTON	99d u	^

Sign

Prin

Capacity: RESIDENT (PROPRIETOR)
(see instruction # 8 on back of form)

017299