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CERTIFICATE O	F	FILED EFFECTIVE
ASSUMED BUSINES	S NAM	E
Pursuant to Section 53-504, Idaho Code		
submits for filing a certificate of Assumed Please type or print legibly.	d Business N	
NOTE: See instructions on reverse be	fore filing.	SECRETARY OF STA STATE OF IDAHD
1. The assumed business name which the u	undersigne	d use(s) in the transaction of
business is:		
The Eat Guid	2 50	138-
2. The true name(s) and business address(es) of the e	entity or individual(s) doing
business under the assumed business na		
Name		Complete Address
mary Condy		The Eat Guide Boise 967 E. Park Center Blue
<u> </u>	•	967 E. Park Center Bho
	418-10-10 	Boise, ID 83706-670
3. The general type of business transacted u	under the d	peoumod bueinoss name is:
3. The general type of business transacted (
 Retail Trade Transportation Wholesale Trade Construction Services/Publich Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: The East Guide Boise Guide, To Biscone Name and address for this acknowledger copy is (if other than #4 above): 	te	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
		Secretary of State use only
	-	
	- 199 - 199	
Signature: C (signature:		
Printed Name: Mary u Candy	i i i i i i i i i i i i i i i i i i i	
Capacity/Title:	rev Rev	TOOND SECRETARY OF STATE
(see Instruction # 8 on back of form)	- x,6	67/06/2009 65:00 CK: 276538 CT: 172099 BH: 1177688 1 2 25.08 = 25.09 ASSUM WAVE # 2
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