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

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned 2: 27

 The assumed business name which the the business is: Ada D X S The true name(s) and business address(d) 	es) of the entity or individual(s) doing
business under the assumed business na <u>Name</u>	ame is/are: <u>Complete Address</u>
Tory Grussling	716 Non 4th Sans pour 15 83864
3. The general type of business transacted to (mark only those that apply) Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
	Mining Phone number (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Toxy GRuosyno	Secretary of State use only iDAHO SECRETARY OF STATE 28.15/2606 29:00 CK: 6419904798 CT: 13714 BH: 341134 1 8 20.00 = 20.00 ASSUM NAME # 2
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Capacity:

(see instruction # 8 on back of form)

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