

business is:

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of

2015 APR 15 PM 12: 48

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

Name Drisana Malaambo	Complete Address
	3273 N. Jones PT
	Box ID 83701
3. The general type of business transacted u	nder the assumed business name is:
	n and Public Utilities
Wholesale Trade Construction	
Services Agriculture Manufacturing Mining	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Diana MISTARNOC	PO Box 83720
3273 N Joles 1	Boise ID 83720-0080
Rose, ID 83704	208 334-2301
5. Name and address for this acknowledgme	nt
COPY IS (if other than # 4 above).	•••
N/A	
	Secretary of State use only
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nted Name: Disana Malaamso	04/15/2015 05:0
	CK:CASH CT:158010 BH:1
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gnature:	6
inted Name:	()178330
apacity/Title:	