Capacity: OWNO

(see instruction # 8 on back of form)

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

	gives notice of adoption of an As	sumed	Business Name.
1.	The assumed business name which the undersigned use(s) in the transaction of		
	business is:		99 MAY 20 AH 9: 05
	Profect match cold	100	WSA STORIGHT OF LEATE
			STATE OF IDAHO
2.	The true name(s) and business address(es		
	business under the assumed business name is/are:		
	Name		Complete Address
	marge Robinson	500	Linden Dr ADFA Lewr
	T. ICA GE TODATSON		CITICIES DI APA COLI
2	The general type of business transacted under the assumed business name is:		
J.	(mark only those that apply)		
	(man only more one oppy)		1
	☐ Retail Trade ☐ Manufacturing	,	Transportation and Public Utilities
		' =	•
	☐ Wholesale Trade ☐ Agriculture		Finance, Insurance, and Real Est
,	Services Construction		Mining
	The second of th	1	208-791-0821
4.	The name and address to which future Phone number (optional): 208-791-0821		
	correspondence should be addressed:	,	
	529 Linden Dr Apt #		Submit Certificate of
	10,160 0 1 22601		Assumed Business
	<u>remistor,</u> <u>TO 83501</u>		Name and \$20.00 fee to:
			Secretary of State
_			700 West Jefferson
5.	Name and address for this acknowledgmen	it	Basement West
	COPY is (if other than # 4 above):		PO Box 83720
			Boise ID 83720-0080
			208 334-2301
			Secretary of State use only
		88	IDAND SECRETARY OF STATE
		Revision 1/98	
natu	ire: Marge Roben Son	ē	95/20/1999 69:66 CK: 1953 CT: 115773 MH: 218479
	() — — — — — — — — — — — — — — — — — —		
ted	Name: MORGE RODINSON	8	1 # 26.08 = 25.08 ASSUM NAME # C

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