

CERTIFICATE OF ASSUMED BUSINESS NAME EFFECTIVE

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

OB MAR 27 PM 4: 38

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE

	OF IDAHO
The assumed business name which the undersigned business is:	ed use(s) in the transaction of
Smile Enl)(A
2. The true name(s) and <u>business</u> address(es) of the	entity or individual(s) doing
business under the assumed business name: Name	Complete Address
Donavia R. Hilton 1838	
7000 1050 200	
	x 1A 83705
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	blic I Itilities
Wholesale Trade Construction	
Services Agriculture	Submit Contificate of
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Smile English	Basement West PO Box 83720
1838 S. Lastala St.	Boise ID 83720-0080
2014. 12 83705	208 334-2301
	Dhana awakani da a
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
COPY 13 (if other than # 4 above).	208.429.9(delo
	Secretary of State use only
7	
Signature: Mando A S E S	
Printed Name: Amanda R. K. A. S.	IDAHO SECRETARY OF STATE 93/27/2003 05:00
	CK: 3183 CT: 158010 BH: 671324 1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity/Title:	D (0400)