

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIV

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

STATE OF TANIATE

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

 The assumed business name which the undersigned use(s) in the transaction of business is: Toni's Interiors The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Ton: Haffiager 3765 N 2300F Filer TO 83 3. The general type of business transacted under the assumed business name is:
the true name(s) and business address(es) of the entity or individual(s) doing usiness under the assumed business name: Name Complete Address 3765 N 2300 F Filer II Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate the name and address to which future correspondence should be addressed: Ton' 5 Theriors 3765 N 2300 E FIRE IDA HO 5.3328 Name and address for this acknowledgment copy is (if other than #4 above): Secretary of State use only
business under the assumed business name: Name Complete Address 3765 N 2300F Filer TD 83 3. The general type of business transacted under the assumed business name is:
business under the assumed business name: Name Complete Address 3765 N 2300F Filer TD 83 3. The general type of business transacted under the assumed business name is:
Toni Hafliger 3765 N 2300F Filer ID 83 3. The general type of business transacted under the assumed business name is:
3. The general type of business transacted under the assumed business name is:
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Comisson C Agriculture
Submit Certificate of
Name and \$20 00 fee to:
700111 () (
Basement West
Roise ID 83720-0080
, 208 334-2301
o. Traine and address for this ability was grient
COPY IS (if other than # 4 above).
Secretary of State use only
Secretary of State use only
Signature: John Haften 18 8
(signature refulled)
Printed Name: Toni Paradox 6 (signature regulator)

IDAHO SECRETARY OF STATE

@9/@4/20@2 @5 x @6

CK: 8853 CT: 158010 BH: 486894

1 8 20.00 = 20.00 ASSUM MANE # 2

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