ERTIFICAT (Please ty	TE OF ASSUMED pe or print legibly. See inst	BUSINES ructions on rev	S NAME erse.)	je j
Pursuant gives not	TARY OF STATE, STATE C to Section 53-504, idaho C ice of adoption of an Assun	ode, the under ned Business N	signed * Lane.	
business is	d business name which the		STATE OF IDAHO	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address				
Todd Ha		2655 E 1	omplete Address 4005. Malta ID 8334 4005. Malta ID 8334	_
McGee He Wade Harr	arris	1501 CIGH	Mile Cr.Rd. Soda Springs ID In Rd Soda Springs, \$D 83	83276
	type of business transacted		umed business name is:	
☐ Retail T ☐ Wholes ☐ Service	ale Trade 🗹 Agricultur	e 🔲 Fi	ransportation and Public Utilit inance, Insurance, and Real I lining	4
corresponde	and address to which future ence should be addressed:	Phone numb	er (optional)(288) 645-2382-	_
Harris F Jb55 E	4g 90 (Indy Harris	-	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	ddress for this acknowledger than #4 above):	- ment -	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		-	Secretary of State use only	1,
nature J	Davis Tab Han	Revision 34	!	
ted Name: <u>Can</u> pacity: <u>SELDET</u> (see instru	1/0	and Profit and American Americ	IDAHO SECRETARY OF STATE 05/12/2000 09: CK: 6520 CT: 130997 BH: 3174	
			1 @ 20.00 = 20.00 ASSUM M	

D35706