FULL DEFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2035 OCT 17 #HID: 07

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

POSANTANT STEET TO

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 undersign business is: THE OUT OF T	ned use(s) in the transaction of
 THE PITA PIT The true name(s) and business address(es) of the business under the assumed business name: 	e entity or individual(s) doing
Name	Complete Address
	107 N. STONEHAVEN DR.
(C162605) HA	YDEN IDAHO 83835
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction	ublic Utilities
Services	Submit Certificate of
☐ Manufacturing☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
JOHN CYMAN	PO Box 83720 Boise ID 83720-0080
<u>8107 N. STONE HAVEN D</u> R. HATUEN ID 83835	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above).	208 712 4995
	Secretary of State use only
Signature: Printed Name: Papacity/Title: PAF LIDEA/T	IDAHO SECRETARY OF STATE
Canacity/Title: PAFTIDEA/T	19/17/2005 05:00

CK: 1939 CT: 158010 BH: 917194 1 0 25.00 = 25.00 ASSUM NAME # 2

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