

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRET

2007 MAR 12 PM 12: 20 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filling.

1. The assumed business name which the ur business is:		d use(s) in the transaction of
The true name(s) and business address(expusioness under the assumed business name).	s) of the e	and the second of the second o
Uana Euans	Complete Address 345 River Parkway, IbhuFalls, ID 83402	
Retail Trade		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Tdsho Falls, ID 03402 5. Name and address for this acknowledgme copy is (if other than #4 above):	ent	Phone number (optional): 20한 - S2식 - Ч군2숙 Secretary of State use only
Printed Name: Jana Evans Capacity/Title: Owner (see instruction # 8 on back of form)	g-tomplemelabri formelabri p85 Peried 04/2003	IDAHO SECRETARY OF STATE 03/13/2007 05 = 00 CK: 5542 CT: 158618 BH: 1839368 1 8 25.88 = 25.80 ASSUM MAME #