## CERTIFICATE OF ASSUMED PULSIVESS NAME (Please type or print legibly. See instructions of the CERTIFICATE OF IDAHO Pursuant to Section 53-504, Idaho Code Me Lindensione to

To the SECRETARY OF STATE, STATE	OFIDAHO
Pursuant to Section 53-504, Idaho gives notice of adoption of an Assi	COHE MAR LINGUISHOOM
The assumed business name which the under business is:	ersigned Alse (8) ID Alno transaction of
Bryntesen Enterpr	ises
<ol><li>The true name(s) and business address(es) of business under the assumed business name</li></ol>	of the entity or individual(s) doing is/are:
Casey Bryntesen 5:	Complete Address PLO ANNE St., CDA, IN 83815
Sheree Bryntesen 50	210 Anne St, CDA, ID83815
The general type of business transacted unde     (mark only those that apply)	r the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
4. The name and address to which future Phore correspondence should be addressed:	ne number (optional):
Sa 10 Anne st	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
CDA ID 83815	Secretary of State
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above):</li></ol>	700 West Jefferson Basement West PO Box 83720
	Boise ID 83720-0080 206 334-2301
4 - 11 Sept. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Secretary of State use only
Signature: Casey Bryntosen	03/16/2001 09:08
Printed Name: Case Bunt	CK: 1886 CT: 143696 BH: 385899 1 P 20.88 = 28.88 ASSUM NAME # 2
Capacity:(see instruction # 8 on back of form)	CLOSON INCIDENT IN C
(see instruction # 8 on back of form)	0 413623