FILED/EFFECTIVE



Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

01 SEP 20 AM 8: 39

STATE OF IDAHO

D48503

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersignate business is: Ambiance Ambiance	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the obusiness under the assumed business name: Name VICCINIA MENALON Pa	Complete Address 230 3 Ed Albrue S 40/16, ID 83661
3. The general type of business transacted under the	·
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	Secretary of State use only
Signature: Wirginia McKahon Printed Name: Virginia McKahon	IDAHO SECRETARY OF STATE 19/20/2001 05:4 CK: 75217313424 CT: 151532 BH: 1 8 29 86 = 29 86 ASSUM NAM