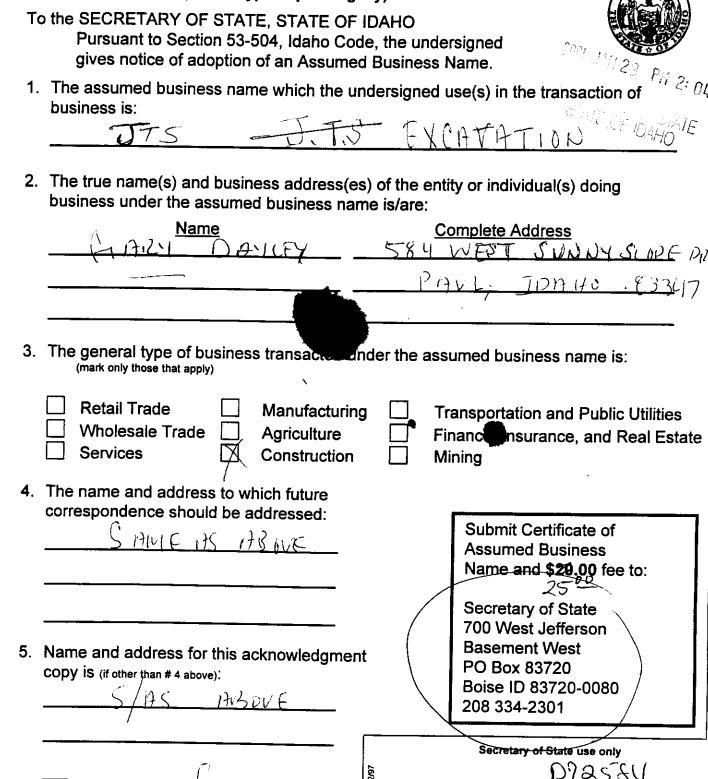
## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



Signature:

**Printed Name:** 

Capacity:

(see instruction # 8 on back of form)

IDAHO SECRETARY OF CK: 797 CT: 158010 BH: 724472 1 8 25.00 = 25.00 ASSUM NAME # 2