CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned 13: 18

	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
		TUAND LU # 11
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	☐ Wholesale Trade ☐ Agriculture ☐ Fi	ransportation and Public Utilities inance, Insurance, and Real Est lining
	The name and address to which future Phone number (optional): 666-9466 correspondence should be addressed: **RENNA M° CUTCHEON THE SIGN POST Submit Certificate of	
	3400 FRUITLAND LN # 11	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	COEUR D-ALENE TO 83815	Secretary of State
5.	Name and address for this acknowledgment	700 West Jefferson Basement West
5 .	Name and address for this acknowledgment copy is (if other than # 4 above).	
5 .	•	Basement West PO Box 83720 Boise ID 83720-0080