CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
Pursuant to Section 53-504, Idaho Code, the undersigned MAY -9 PM 4: PROPERTY OF STATE OF IDAHO  ECRETARY OF GIVES PROVIDED TO THE OF STATE OF STAT	
1. The assumed business name which the undersigned use(s) in the translation of business is:	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
VALERIJ IORGA 1803 N CON	nplete Address 16 I 108 Buss 10 23 704
The general type of business transacted under the assu  (mark only those that apply)	med business name is:
☐ Wholesale Trade ☐ Agriculture ☐ Fin ☐ Services ☐ Construction ☐ Mir	insportation and Public Utilities ance, Insurance, and Real Estate ning
4. The name and address to which future Phone number (optional): 322-0464 correspondence should be addressed:	
1800 N COAL I 108	Submit Certificate of Assumed Business Name and \$20.00 fee to:
DOISE 10 83704	Secretary of State 700 West Jefferson
Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Valori dura.  Printed Name: VALERIU TORGA	IDAHO SECRETARY OF STATE DATE 03/24/1997 0900 76023 2 CK #: 304 CUST# 78732
Printed Name: VALERIU IORGA	ASSUM NAME 18 20.00= 20.00
Printed Name: VALERIO LORGA  Capacity: OWNER  (see instruction # 8 on back of form)	#: <b>D</b> 4323