

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

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Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the under business is:	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Harns Reagles	of the entity or individual(s) doing Complete Address 5335 Hickory Circle MHAFR, ID \$3648
Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): (208 \$832-1161
Signature: //// (signature required) Printed Name: Hamb Reacts Capacity/Title: Owner operator	Secretary of State use only 13 77 10000000000000000000000000000000000
(see instruction # 8 on back of form)	ibs