Capacity: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSU (Please type or print legibly.	
To the SECRETARY OF STATE, STATE, Pursuant to Section 53-504, Identification of an Action of the United States of St	aho Code, the wndersighed 🐉 👣 💮
The assumed business name which the ubusiness is:  AB+L Flag	
2. The true name(s) and business address(e business under the assumed business name    Name   Bob   Hale	es) of the entity or individual(s) doing ame is/are:  Complete Address  3075 Devenwood T.F. ID 83406
Lisa Hale	3075 Devonwood I.F. 1D 83406
3. The general type of business transacted unark only those that apply)  Retail Trade  Wholesale Trade  Services  Construction	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:  Bob Hale  3075 Devon wood  T.F. ID 83406	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5. Name and address for this acknowledgme copy is (if other than # 4 above).	700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: 500 Hale	idaho secretary of state
Printed Name: Sob Hale	2 12/07/2001 05:00 CK: 1153 CT: 154362 RH: 433218

IDAHO SECRETARY OF STATE
12/07/2001 05:00
CK: 1153 CT: 154362 BH: 433210
1 0 20.00 = 20.00 ASSUM NAME # 2

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