FILED EFFECTIVE



Capacity/Title: OW 17 ER

(see instruction # 6 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 MAY 18 AM 9: 08

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(e business under the assumed business na	es) of the e		
Name Livduila Vikentyeva	11781 Boi	Complete Address W. Halstead Ct Se ID 83713	
3. The general type of business transacted			
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 11781 W. Halstead Ct. Boise TD 83 713	n	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301	
5. Name and address for this acknowledge copy is (#other than #4 above):	- ment		
nature: Livolucia Vikenteper (significan required)		Secretary of State use only	1

IDAHO SECRETARY OF STATE @5/18/2010 @5:90 CX: 438910 CT: 178999 BH: 1222775