| CERTIFICATE OF (Please type or prin | ASSUMED BUSINESS NAME t legibly. See instructions on reverse.) |
|--|---|
| | ATE, STATE OF IDAHO 3-504, Idaho Code, the undersigned on of an Assumed Business Name. |
| 1. The assumed business name will business is: | (Veations |
| The true name(s) and business a business under the assumed business. Name | address(es) of the entity or individual(s) doing siness name is/are: Complete Address |
| | nor 1214 13th Alle S. Vampa, ID 83 |
| The general type of business tra (mark only those that apply) | nsacted under the assumed business name is: |
| ☐ Wholesale Trade ☐ Agr ☐ Services ☐ Cor | nufacturing |
| 4. The name and address to which correspondence should be address to which | Submit Certificate of |
| 5. Name and address for this acknowledge | , |
| COpy is (if other than # 4 above): | PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Signature: Not Ains M. Il je | Secretary of State use only IBANO SECRETARY OF STATE 11/23/1998 69:66 CK: 533 CT: 107194 BH: 164162 |
| Printed Name: Lovming M. 10 | THE COLOR MOSUM MARK A C |
| Capacity: seesee<a <="" href="mailto:see" td=""><td> D20303</td> | D20303 |