

Capacity/Title: Owner

(see instruction # 8 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.

Please type or print legibly. NOTE: See instructions on reverse before filing. FILED EFFECTIVE 2: 04

thating Hands.	
2. The true name(s) and <u>business</u> address business under the assumed business name Name Amanda tyckning	(es) of the entity or individual(s) doing name: <u>Complete Address</u> <u>しゅっき Plantation De</u> <u>Borse 15 83714</u>
3. The general type of business transacted	under the assumed business name is:
Retail Trade Transportate Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: Amanda Hoffmung Lebel Plantation De Boise IN 83714	Submit Certificate of Assumed Business
 Name and address for this acknowledgr copy is (if other than # 4 above): 	ment Phone number (optional):
	Secretary of State use only

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