

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

09 JUL - 1 PM 12: 20

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the under business is: Mobile 0, (5)	
2. The true name(s) and business address(es) business under the assumed business name Name David Townsend Dr David Townsend Dr	
3. The general type of business transacted und Retail Trade	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 acknowledgmen copy is (if other than # 4 above): Sum: Signature: Care Care Care Care Care Care Care Care	Secretary of State use only 500000 pages D 13 1897
Capacity/Title:(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE