2 27			
CERTIFICATE OF ASSUMED BUSINESS NEMEED (Please type or print legibly. See instructions on reverse.)			
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. SECRED For Comparison			
1. The assumed business name which the undersigned use(s) in the transaction of the business is:			
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name	Complete Address	
	Reinae Jon Ballschweiler	11209 Baise	Tioga 2 ID 83709
3. The general type of business transacted under the assumed business name is: (mark only those that apply)			med business name is:
	Retail TradeManufacturiWholesale TradeAgricultureServicesConstruction	Fin	nsportation and Public Utilities ance, Inşurance, and Real Estate ing
4.	4. The name and address to which future Phone number (optional):		
	Reinae Bollschweilen 11209 Tigga		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	BOISE D 83709 Name and address for this acknowledgme copy is (if other than #4 above):	, nt	Secretary of State 700 West Jefferson Basement West
		×	PO Box 83720 Boise ID 83720-0080 208 334-2301
		60	SAMO SECRETARY OF STATE
	$\overline{0}$	Revision 1/98	10/21/1999 89:00 CK: CASH CT: 122024 BH: 259903
Signature: <u>Koncill</u> ² 1 e 28.80 = 29.60 ASSUN NWE # 2			
Printed Name: Keinge Bollschweiler			
Сарас	(see instruction # 8 on back of form)	g'toorptiomstabn.p65	D30188

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