CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE STATE OF IDAHO FILED/E-FECTIVE

THE ASSUINED DUSINESS	00 NOV 15 AM 9: 19
business is:	name which the undersigned use(s) in the transaction of STATE OF IDAHO
RENAISS	ANCE CONSIGNMENT
	() () () () () () () () () ()
The true name(s) and bu	usiness address(es) of the entity or individual(s) doing
TOURS GLIDEL FILE 9220	ined business name is/are:
JULIE HOUK	Address
OTATE HOUR	
ROBERT HOUK	360 S. MAIN, MTN. HOME, 10
e general type of busing	ess transacted under the assumed business name is:
_	
NEIAIL IKAA	
RETAIL TRAIL See categories on the reverse	
See categories on the reverse	
See categories on the reverse e name and address to	which correspondence should be addressed:
See categories on the reverse e name and address to	which correspondence should be addressed:
e name and address to	
e name and address to	which correspondence should be addressed:
e name and address to Julie Houk 360 S. MAIN,	which correspondence should be addressed:
e name and address to Julie Houk 360 S. MAIN	which correspondence should be addressed: MTN. HomE ID 83647 Signed Julie Hank
e name and address to Julie Houk 360 S. MAIN	which correspondence should be addressed: MTN. HomE ID 83647 Signed
e name and address to	which correspondence should be addressed: MTN. HomE ID 83647 Signed Julie Hank
e name and address to Julie Houk 360 S. MAIN,	which correspondence should be addressed: MTN. Home ID 83647 Signed Julie Hank By Capacity PROPRIETOR
e name and address to Julie Houk 300 S. MAIN,	which correspondence should be addressed: MTN. Home. ID 83647 Signed
e name and address to JULIE HOUK 300 S. MAIN PH. -6925 mit Certificate of Assuminess Name and \$20.00	which correspondence should be addressed: MTN. Home, ID 83647 Signed Julie Hank By Capacity PROPRIETOR ded fee to: Customer #
e name and address to a Julie Houk 360 S. MAIN PH. -6925 mit Certificate of Assuminess Name and \$20.00 retary of State	which correspondence should be addressed: MTN. Home, ID 83647 Signed Julie Hank By Capacity PROPRIETOR ded fee to: Secretary of State use only
e name and address to JULIE HOUK 300 S. MAIN PH. -6925 mit Certificate of Assuminess Name and \$20.00	which correspondence should be addressed: MTN. Home, ID 83647 Signed Julie Hank By Capacity PROPRIETOR ded fee to: Customer #