

Capacity/Title: مركب و

(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.



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SEURETARY OF STATE STATE OF IDAHO

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The assumed business name business is:  HART HO		d use(s) in the transaction of $\frac{1}{444624}$
2. The true name(s) and <u>busine</u> business under the assumed  Name  Margaret A. War	ess address(es) of the ell business name:	Complete Address
3. The general type of business  Retail Trade  Wholesale Trade  Services  Manufacturing  Finance, Insurance, an	Transportation and Pub Construction Agriculture Mining	
4. The name and address to who correspondence should be as the state of the state o	nich future	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this a copy is (if other than # 4 above):</li></ol>	acknowledgment	Phone number (optional):
		Secretary of State use only
Signature: (signature required)  Printed Name: Agarct A.	Morrised Od/2003	IDAHO SECRETARY OF STATE  17/31/2013 15:20  CK: CASH CT: 158010 DN: 693966  1 @ 25.00 = 25.00 ASSUM MANE # 2