

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 AUG -3 AM 8: 57

Please type or print legibly. Instructions are included on back of application.

STATE OF IDAHO

The assumed business name which the business is:	,
2. The true name(s) and <u>business</u> address business under the assumed business name Name Scan LEAVERTON	
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: SAME	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
- 0 W/I	Secretary of State use only
Printed Name: Sean Ryan LEAVE	= 0111183
Capacity/Title: <u>Owner</u>	IDAHO SECRETARY OF STATE
Signature:	OB/03/2010 05:00 - CK: CASH CT: 158010 BH: 1233271 1 B 25.80 = 25.08 ASSUN NAME # 2
Printed Name:	1 @ 25.80 = 25.00 ASSUM MHTC # C