

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 FEB -4 AM 8: 24

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Nose Prints on t	the Wind	iow	
The true name(s) and business address(es) o business under the assumed business name:		Complete Address 3943 N. Legacy Common Ava. Meridian, ID 83646	
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Amanda Siwek 3943 N. Legacy Common Ave. Meridian, ID 83646			
5. Name and address for this acknowledgment copy is (if other than #4 above):			al a constant
nature: Annio note Siwek nted Name: Amanda Siwek pacity/Title: Owner (see instruction # 8 on back of form)	g:\contribonistabn forms\abrap55 Revieed 04/2003	IDAHO SECRETAR' @2/04/201 CK: 4911 CT: 15801	05:0