

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.

OI SEP 28 AM 8: 56
STATE OF IDAHATE

| Please type or print legibly. NOTE: See instructions on reverse before filing | STATE OF IDAHO |
|---|--|
| 1. The assumed business name which the undersign business is: | ned use(s) in the transaction of |
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name HACCISON R GESTIQUE | Complete Address |
| 3. The general type of business transacted under the assumed business name is: | |
| Retail Trade | Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): 208 684 4247 |
| | Secretary of State use only |
| Signature: A Capacity: (See instruction # 8 on back of form) | IDANO SECRETARY OF STATE 09/26/2001 05:00 CK: 13285 CT: 151746 8H: 421158 1 8 28.88 = 28.86 ASSUM NAME # 2 |

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