

Capacity/Title: <u>nwner</u>

(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. ED EFF

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SECRETARY OF STATE

902

	STATE OF IDAHU
1. The assumed business name which the und business is:  ———————————————————————————————————	ersigned use(s) in the transaction of
	of the entity or individual(s) doing :  Complete Address  1407 Idaho Ave Colduru 10 83  1407 Idaho Ave Colduru 10 83
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  CHAN Streak  Caldual ID \$31,005	Submit Certificate of Assumed Business Name and \$25.00 fee to:  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 acknowledgmen copy is (if other than # 4 above):</li> </ol>	t Phone number (optional): (208) 453-8153
	Secretary of State use only
Signature: Shortyn Martinez  Printed Name: Shertyn Martinez	Security of State CK: 1869 CT 2003 65: 96

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IDAHO SECRETARY OF STATE

OB/12/2003 05:00

CK: 1869 CT: 158010 BH: 695963
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