Capacity: Pose

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
The assumed business name which the under business is: EXOTIC City	rsigned use(s) in the transaction of
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Sally R. Clark 39	Complete Address O 1st 50 Pesston 1d.
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
4. The name and address to which future Phone number (optional): 208 852-340 correspondence should be addressed:	
33 West 1st So	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: A VCX	1DAHO SECRETARY OF STATE DATE 04/15/1997 0900 82968 2 01 190 01617 79851 855UN NAME 10 20.00= 20.00

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