Capacity/Title: Owner

(see instruction # 8 on back of form)



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.

2001 APR 23 AM 10: 33

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

Ground to the Eart	th .
. The true name(s) and business address(es) business under the assumed business name	
Name	Complete Address
Virgill. Chavez	24599 N Corbin Hill Rd
	Athol ID 83801
The general type of business transacted und	er the assumed business name is:
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Virgit Chauez 24599 At Corbin Hill Rd, ##hol ID 83801	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
Name and address for this acknowledgment copy is (if other than #4 above):	t Phone number (optional):
	Secretary of State use only
1/1/1/	E SO SECRETARY OF STA
ted Name: Vivy: thavez	M2003
ted Name: Virg. E Chavez	IDAHO SECRETARY OF STA

IDAHO SECRETARY OF STATE

24/23/2027 25 202

CK: 2000001499841 CT: 158010 BH: 1848788

1 8 25.88 = 25.88 ASSUM MANE # 2