

Printed Name:

Capacity/Title: Preside

(see instruction # 8 on back of form)

CERTIFICATE OF

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 8 NOV -4 PM 12: 15

submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

Complete Address 374 W. Goldenwod Ave 32, 12 83713 the assumed business name is:
he assumed business name is:
Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301

CK: NO CK# CT: 158010 BH: 1143049 1 0 25.00 = 25.00 ASSUM NAME # 2