Printed Name:

(see instruction # 8 on back of form)

Capacity:

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reven To the SECRETARY OF STATE, STATE OF IDAHO May Pursuant to Section 53-504, Idaho Code, the undersigned 17 PH 199 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: AANUL ECSTASY 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 5014 Grover St., Jennifer 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing Transportation and Public Utilities Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Mining Services Phone number (optional): \$05 336-6710 4. The name and address to which future correspondence should be addressed: ELSTASY Submit Certificate of Overland Rd. Assumed Business Name and \$20.00 tea to: Boise Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE **05/04/1998 09:00** CX: CASH CT: 98196 BH: 186884 ,

1 @ 20.00 = 20.00 ASSUM NAME

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