

## 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.

04 APR 16 PH 3: 07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business in business is:	RATION LA			
	med business name:	314 I	Complete Address WEST Cherry LN. +	<u>+ 49</u>
3. The general type of busing  Retail Trade  Wholesale Trade  Services  Manufacturing  Finance, Insurance  4. The name and address to correspondence should in the services and the services and the services are correspondence should in the services are correspondence are corres	☐ Transportation ar ☐ Construction ☐ Agriculture ☐ Mining e, and Real Estate to which future be addressed:		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	
5. Name and address for to copy is (if other than # 4 above)			Phone number (optional): 841-3127	
		·	Secretary of State use only	
Signature: Full for finited Name: Frizdize: ck  Capacity/Title: OWNIZE  (see instruction # 8 on back)		g 'corp Vorma' labn forma' labn p65 Ravised 04/2003	IDANO SECRETARY OF ST @4/16/2004 93 CK: CASH CT: 158818 3H: 1 @ 25.06 = 25.00 ASSU	TATE 5 = <b>90</b> 1 739888 1 NAME # 2