CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

24 TOUR SECTETARY OF STATE, STATE OF IDAHO

Printed Name: <u>VALERIU</u>

(see instruction # 8 on back of form)

Capacity: OUNER

Pursuant to Section 53-504, Idaho Code, the undersigned



1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of
2.	The true name(s) and business address(es) business under the assumed business name VALERIO IORGA VAL IORGA	e is/are:
	The general type of business transacted und (mark only those that apply) Retail Trade	Transportation and Public Utilities
4 †	The name and address to which future Procurespondence should be addressed: WALERIN TORGA 1800 N COAL TION BOUSE 10 87704	Submit Certificate of Assumed Business Name and \$20.00 fee to:
		Secretary of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

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