

Capacity/Title:\_

(see instruction #, & on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 1. FEB 23 Ph 12: 40

Please type or print legibly. NOTE: See instructions on reverse before filing. SECTO 1 STATE STALL OF DAHO

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The assumed business name which the undersign business is: <u>4 YOUR COMFORT</u>	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Samey Frostrom (652) Ryan King 1627	entity or individual(s) doing <u>Complete Address</u> 2 Beacon Light Rd Eagle Id 836  7 N. HAREM KUNA, Id 83634
3. The general type of business transacted under the Retail Trade Transportation and Pour Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Jamey Frostrom  (0527 Beaconlight Rd  Engle Id 836/6	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 573 - 0884
gnature: Muy June	Secretary of State use only
gnature: Sanguer (signature required)  rinted Name: Sanguer Frostrom  analyty (Title: Parst and C	IDANO SECRETARY OF STATE 02/23/2005 05:00 CX: CASH CT: 158018 BH: 794782 1 0 25.00 = 25.00 ASSIM MOME A