CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse 30 Map				
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse 30 Map 9 PH 30 OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.				
1.	1. The assumed business name which the undersigned use(s) in the transaction of the business is: Salare Morchandiae			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Supotto Posto 8 Molvin Posto 8	395 Haler	mplete Address LCOUNT, MTN Home, ID 83647 Count MTN Home ID 83647	
3.	The general type of business transacted u	~		
.	(mark only those that apply) Retail Trade	ng 🗌 Tr	ansportation and Public Utilities nance, Insurance, and Real Estate	
4. The name and address to which future Phone number (optional):308)580-3393 correspondence should be addressed:				
	Sygotto Paglo 895 Haloy Court		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgme copy is (If other than # 4 above):	ont	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		n 1/96	Secretary of State use only IDAHU SECRETARY OF STATE	
Signate	ure: Sinotto Paolo	Revision 1/88	U3/U9/1998 09:U0 CK: 1865 CT: 95449 BH: 89822	
Printed Name: SUZETTE POLLE		₹ 	1 8 29.88 = 20.88 ASSUM HAME	
Capac	ity: (SUNO) (see instruction # 8 on back of form)	g koopformstabn p65	D 12 869	