

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFF

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 APR 29 AM 8: 15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is:	_
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:  Name  Ketchum Gemmung Bluckspmut Grp. P.  C 16 7758 Ket	Complete Address
3. The general type of business transacted under the a	assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Manual (signature required)  Printed Name: Nel Marrow  Capacity/Title: Execute Director	Secretary of State use only
Printed Name: Nel Morrow	IDANO SECRETARY OF STATE
Printed Name: Nell Marrow  Capacity/Title: Executure Director	CK: 1532 CT: 281427 BH: 1168148 1 8 25.88 = 25.88 ASSUM NAME 8

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