	CERTIFICATE OF	ASSU	MED BU	SINESS N	AME_ EN
	the SECRETARY OF STATE, S Pursuant to Section 53-504, I option of an Assumed Business N	TATE OF	IDALIO		in: on lice of
1.	The assumed business name will business is:	nich the un	dersigned u	SIA, ق ی SIA, se(s) in the tran	iti0 saction of
	- A" Quality Pan	p Go.			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	Gary Rouffion		1655 H.	Address	urd'Alana to
					93914 ·
} .	The general type of business tran	isacled un	der the assu	med business ı	name is:
,	See calegories on the reverse				1.
•	The name and address to which of Gary Bow ffice	correspond		l be addressed:	
•			Sugge	iff	•••
		Зу			*
	. (Capacity	Dung	1	
; E	Submit Certificate of Assumed Business Name and \$20.00 fee to):	Customer #		
F	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080		Revision 1098	Secretar 4200 10/20/1 (X: 6392002318 CT 1 8 28.08 =	MH-65-45ATE 998 89:06 : 18554 M: 154533 26.00 ASSIN NINE 8 27
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