

FILED EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned hereby certifies that the following is a true and correct statement of the assumed business name of the undersigned.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

2004 AUG 30 AM 9:40
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

LIVVNART

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name

Name

Complete Address

~~LIVVNART~~

P.O. BOX 468

CLAIR "D" BOSEN

5 EAST ONEIDA STREET

PRESTON, IDAHO 83263

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| ☒ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☐ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

LIVVNART

P.O. BOX 468, 5 EAST ONEIDA STREET
PRESTON, IDAHO 83263

Submit Certificate of Assumed Business Name and \$25.00 fee to

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):

208-852-1541

Secretary of State use only

079834

Signature

CLAIR D. BOSEN

Printed Name: CLAIR D. BOSEN

Capacity/Title: OWNER - PRESIDENT

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
09/07/2004 05:00
CK: 2025 CT: 150010 BH: 764695
1 @ 25.00 = 25.00 ASSUM NAME # 2