CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 OCT 10 AM 9: 21

SECRETARY OF STATE STATE OF IDAHO

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

Name Complete Address Compl	L, POSTFALLS , 1 AGUE , 1D 83860 name is:
Retail Trade	
Retail Trade	
fast FALLS, 10 83854 5. Name and address for this acknowledgment copy is (if other than #4 above):	ss) fee to: State
Secretary of Sta	te use only
Signature: Molo Molo Oxford	
Signature: Molly Maxey Capacity/Title: Owner (Signature required) Signature: Molly Maxey IDA (See instruction # 8 or body)	and the second s

CK: 1484 CT: 238479 BH: 1139627 1 8 25.08 = 25.00 ASSUM NAME 0 2

