CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on rever ELLED

	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code ssumed	, the undersigned
1.	The assumed business name which the unbusiness is:	dersigne	STATE OF IDAHO ed use(s) in the transaction of
2.	The true name(s) and business address(es	-	• • • • • • • •
	business under the assumed business nam Name Sower		Complete Address C. Clakridge Ch. Boise, Td 83716
	•		Bakridge ct. Baise, Id. 83716
3.	The general type of business transacted ur (mark only those that apply)	nder the	assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	correspondence should be addressed:	'hone nu	mber (optional): (208) 331-2770
	Mallisa Sower 2036 E. Oaksidge ct.		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Roise, Id. 837/(a Name and address for this acknowledgment copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Revision 1/98	Secretary of State use only IDAHO SECRETARY OF STATE 08/16/1999 09:00 CK: none CT: 119366 BH: 242492
jnati	Name: Mallisa Q. Sower		1 @ 20.00 = 20.00 ASSUM NAME # 2
nted	Name: Mallisa (1. Sower	18	

Sig

Capacity: <u>Owner</u>

(see instruction # 8 on back of form)

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