

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly.

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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, t submits for filing a certificate of Assumed	S NAME the undersigned
Please type or print legibly. Instructions are included on back of application.	
The assumed business name which the undersigned use(s) in the transaction of business is:	
IN STYLE	
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
LINDO L. MILTEN REPGER	ZOIU 14th St. Lewiston ID 83501
CHAD MILTENBERGER	2010 14th st. Lewistin, ID. 83501
3. The general type of business transacted use Retail Trade Transportation Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 521 THBIH RD LCWISTON, TOAHO 83501	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
2010 14th Street Lewiston, \$0 AHO	
(83501	Secretary of State use only
Signature (Mana: / 1 and 1 Mic 254 25 42	
Printed Name: LINDA L. MILTENBERGEP Capacity/Title: OWNEP	
Signature: Ol Mitthe	
Printed Name: CHAD MILTENBERBER	IDAHU SECRETARY OF STATE
Capacity/Title: OWNCR	CK: 8625 CT: 277515 BH: 1352705 1 0 25.00 = 25.00 ASSUM NAME # 2

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