

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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

08 JUL 24 AM 8: 52

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

| Staged for Succe | 5\$ |
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| The true name(s) and business address(es) of the business under the assumed business name: Name Sharon L. MACK F | Complete Address 2.0.8 634 Troy, ID 83871 |
| The general type of business transacted under the | e assumed business name is: |
| Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Shakeh Mack P.O.B. 634 Troy, ID 83871 Shakeh Mack P.O.B. 634 Troy, ID | Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301 |
| | Secretary of State use only |
| nature: Sharen Mack (signature/required) nted Name: Sharen MACK pacity/Title: Owner (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATI 07/24/2008 05: CK: 4475 CT: 158010 BH: 11 |