

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 MAR 31 AM 11:01

SECRE) OF STATE STATE

D 86250

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Capacity/Title: MIRSAD REXIC

(see instruction # 8 on back of form)

 The assumed business name which the under business is: 	ersigned use(s) in the transaction of
PRIMARY PAIN	NTING
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name Name Semso NUFIANOVIC 8	of the entity or individual(s) doing : Complete Address
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction General Services Agriculture Manufacturing Mining	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 8647 w.wallst Boise ID 837D9	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than #4 above): 	Phone number (optional): (208) 794-0563
Signature: SEMSO MUHANOVIC Printed Name: SEMSO MUHANOVIC	Secretary of State use only 1000 1