Capacity: <u>OWNER</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME CONVE

	To the SECRETARY OF STATE, STATE  Pursuant to Section 53-504, Idal  gives notice of adoption of an As	ho Code, the	undersigned
1.	The assumed business name which the un business is:		
	DRACULA CELLER	DISTRIE	BUTOR
2.	<ol><li>The true name(s) and business address(es) of the entity or individual(s) doin business under the assumed business name is/are:</li></ol>		
	<u>Name</u> DUMITRU MATEESCU_	<u>Co</u> 7240	mplete Address SUNNYBROOK DR.
	***************************************	BOISE	
3.	The general type of business transacted un (mark only those that apply)	nder the assu	med business name is:
	☐ Retail Trade       ☐ Manufacturing         ☐ Wholesale Trade       ☐ Agriculture         ☒ Services       ☐ Construction	Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future P correspondence should be addressed:	hone numbe	「(optional):
	DUMITRU MATEESCU		Submit Certificate of
	7240 SUNNYBROOK DR.		Assumed Business Name and <b>\$20.00</b> fee to:
	BOISE ID. 83709		Secretary of State
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
			Secretary of State use only
	-	Revision 1/98	
Signatu		<u>.</u>	IDAHO SECRETARY OF STATE
Printed Name: DUMITRU MATEESCU		59d LE	04/18/2002 05:00 CK: CASH CT: 158010 BH: 460082 1 0 20.00 = 20.00 ASSUM NAME # 2

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