

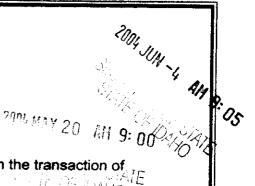
Printed Name: Maria

Capacity/Title: See instruction # 8 on back or form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.



business is: Simple Elegano	1 OF WAHO
2. The true name(s) and business address business under the assumed business Name	s(es) of the entity or individual(s) doing
Retail Trade Transporta Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	stion and Public Utilities on Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Mariak Mills 16681 F. Rick roside Aue Post Falls, TD 83854	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than #4 above). 	ment Phone number (optional): @08-765-3455
	Secretary of State use only

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