CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	gives notice of adoption of an Ass		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	DE FEHR DR	YWALL	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	C'HAD DARREN DEFEHR 9	Cor 16 S. A	mplete Address
	<u> </u>	AMPA,	IDA1+0 83686
	"	,	-
3.	The general type of business transacted und (mark only those that apply)	der the assu	med business name is:
	 □ Retail Trade □ Wholesale Trade □ Services □ Construction 	☐ Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	e name and address to which future Phone number (optional): (208) 468-0664 rrespondence should be addressed:		
	CHAD D. DEFEHR		Submit Certificate of
	916 S. POWERLINE RD.		Assumed Business Name and \$20.00 fee to:
	NAMPA, ID. 83686		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgment	:	Basement West
	COPY is (if other than # 4 above):		PO Box 83720 Boise ID 83720-0080
			208 334-2301
		_	Secretary of State use only
		Revision 1/38	IDANO SECRETARY OF STATE
nafi	ire: Clark the Fee	Š CK:	61/23/2061 69:06 74202814312 CT: 141219 BH: 374315

Printed Name: CHAD DE FEITL

Capacity: DWNER / ORERATOR

(see instruction # 8 on back of form)

20.00 = 20.08 ASSUM NAME # 2

D-42010