(see instruction # 8 on back of form)

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

DETARVINE STATE OF MOALLO

Pursuant to Section 53-504, Idah	
gives notice of adoption of an As 1. The assumed business name which the und business is: **This H That**	ষ্ট্রিট্রেট্রিট্রেট্রিট্রেট্রেট্রেট্রেট্রেট্রেট্রেট্রেট্রেট্রে
2. The true name(s) and business address(es) business under the assumed business named business	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
3. The general type of business transacted un (mark only those that apply) Retail Trade	
 4. The name and address to which future correspondence should be addressed: 3805 Brian Disc Caldwell Id 8368 5. Name and address for this acknowledgment copy is (if other than #4 above): 	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Signature: <u>Ollle M. Best</u> Printed Name: <u>ALTHH M. BISL</u> Capacity:	Secretary of State use only 1DANO SECRETARY OF STATE 10/17/2000 09:00 CK: NO CHECK 1 CT: 50122 BH: 333916 1 20.00 = 20.00 ASSUN NAME # 2
Capacity:	omskabn, g

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