

Printed Name: ______

(see instruction # 8 on back of form)

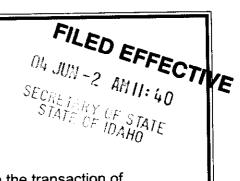
Capacity/Title:

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.



1. The assumed business name which the undersigned use(s) in the transaction of business is: Hidden Treasure Seafcod Continued on the continued of the con	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Cene Sutterfield 1217 1217	Complete Address (Grant Hue#4 Boise 10 83706
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Operaturation	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Sene & Sodie Sutterfield 1217 Grant Ave #4 Boise, 10 83100	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): 385-9106
Signature: La so Suttarliala 88	Secretary of State use only

IDANO SECRETARY OF STATE

06/02/2004 05:00

CX: 1966 CT: 150010 DH: 740266

1 0 25:00 = 25:00 ASSUM NAME 0 2