CERTIFICATE OF ASSUMED BUSINESS NAME

| To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ide adoption of an Assumed Business Na | aho Code, the undersigned gives notice of U: 48 |
|---|--|
| | ch the undersigned use(s) in the transaction of |
| The true name(s) and business ad business under the assumed business. | ldress(es) of the entity or individual(s) doing ness name is/are: |
| Cligabeth Papiel | Address 1424 Borah Ave Mosaul, ID. 83843 |
| 3. The general type of business trans See categories on the reverse | sacted under the assumed business name is: |
| 4. The name and address to which of PARADISE - NORTH | correspondence should be addressed: |
| 1424 BORAH AVE. | |
| Submit Certificate of Assumed Business Name and \$20.00 fee to Secretary of State 700 West Jefferson PO Box 83720 Bolse ID 83720-0080 | Customer# IDAHO SECRETARY OF SECTION ONLY IDAHO SECRETARY ONLY IDAHO SECRE |