

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 JUL 11 AM 9:16

SEGNE BY OF STATE STALL OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the ur business is:	
The Historia	a House
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Tamaka T. Lithman Tamaka T. Lithman	
3. The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Tomaka T. Littman 1750 Meyer Road But Falls, ID 83854	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State use only
	Secretary of State use only
Signature: 1 Amaza of Bureaux	
Printed Name: Jamaka J. Littman Capacity/Title: Provider / Owner	
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE
Capacity/Title:	07/12/2011 05:00 CK: 2002 CT: 260573 BH: 1282054 1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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