

CERTIFICATE OF ASSUMED BUSINESS NAME

FIED EFFECTIONS

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

08 JUN 30 AM 9: 14

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the under business is: \[\lambda N \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Complete Address 2140 Elizabeth#3/B Twin Falls III 11 8330
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 2140 Elizabett 318 Twin Falls; ID 83301 5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Signature: Yuku Lucia	Secretary of State use only
Signature: Walky Sucus Printed Name: Vicky Lucia Capacity/Title: Duney (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE OF CK: 961295018