

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.

(see instruction #8 on back of form)



SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address	s(es) of the entity or individual(a) doing
business under the assumed business r	name:
<u>Name</u>	Complete Address
SEFIKA MUJCIN	6020 W. TARGEE
	BOISE ID 83709
Retail Trade Transporta Wholesale Trade Construct	d under the assumed business name is: ation and Public Utilities ion
Services	Assumed Business
4. The name and address to which future correspondence should be addressed: 6020 W. TALGEE BOISE ID 83709	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above): 	gment Phone number (optional): (208) 658-7433
	Secretary of State use only
Signature: Muyoʻm Jepika Printed Name: SEFIKA MUVCIN Capacity/Title: OWNER	- IDAHO SECRETARY OF STATE -
Printed Name: SEFIKA MUVCIN	IDAHO SECRETARY OF STATE Second Secretary State
Capacity/Title: OWNER	-
(see instruction #8 on back of form)	- 15 51928