

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED/EFFECTIVE

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

ad M/1124 PH 3:00

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

. The assumed business name which the unders	igned use(s) in the transaction of
The assumed business name which the undoron husiness is:	······································
Met Customz	
2. The true name(s) and business address(es) of	the entity or individual(s) doing
business under the assumed business name:	
Mama	Complete Address
Robert Hartzog	7255 W Coloniat St, APT EZOZ
Kopert Hair 2009	Boise, 10 83709
	130/SC) 10 82 13 1
 The general type of business transacted under 	r the assumed business name is:
Retail Trade Transportation an	nd Public Utilities
Wholesale Trade Construction	
✓ Wholesale Hado ☐ Agriculture	Submit Certificate of
	Assumed Business
	Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	
 The name and address to which future 	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
	PO Box 83720
7255 W Coloniat St , Apt 8202	Boise ID 83720-0080
Boise, 10 83709	208 334-2301
	Phone number (optional):
5. Name and address for this acknowledgment	, ,, , , , , , , , , , , , , , , , , ,
copy is (if other than # 4 above):	
	Secretary of State use only
	Pr. p65
in all and Arm	ans left
ignature: (signature required)	IDAHO SECRETARY OF STATE 01/24/2003 05:00
rinted Name: Robert Hartrog	IDAHO SECRETARY OF STATE 1/24/2003 05:00 CK: CASH CT: 158010 BH: 658877 1 0 20.00 = 20.00 ASSUM NAME #
Sapacity/Title: Owner	1 E CO.00 - LO.00 10001
apacity/ file. Conten	D61806