

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2011 FEB 18 AM 9: 45

STATE OF TOAHO

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

busines	sumed business name which the u is is: XVHern Idaho X.cava+	-	d use(s) in the transaction of	
	e name(s) and <u>business</u> address(ess under the assumed business na <u>Name</u>	me:	entity or individual(s) doing <u>Complete Address</u> <i>V. Rader DR. Bolse, TD €3713</i>	
R W S	neral type of business transacted usetail Trade Transportation Wholesale Trade Construction Pervices Agriculture Flanufacturing Mining Inance, Insurance, and Real Estate	on and Pub n		
	me and address to which future condence should be addressed: Chowers Under DR.		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name a	and address for this acknowledgme (if other than # 4 above):	ent		
Signature:	7 01		Secretary of State use only	
Printed Name				
Capacity/Title: <u>President</u>			IDAHO SECRETARY OF STATE @2/18/2011 @5:00 CK: CASH CT: 158010 BH: 1260773 1 0 25.00 = 25.00 ASSUM NAME # 2	
Signature:				
Printed Name	•			

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abn.pmd Rev. 07/2010