CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

Jan 22 9 22 AN 1

1.	The assumed business name which the ubusiness is: Bolse ARLIDO S	7.00
2.	The true name(s) and business address(e business under the assumed business na	ame is/are:
	<u>Name</u>	Complete Address
	Ann Hrycke	1511 N 20th Baise \$3702
3.	The general type of business transacted (mark only those that apply)	under the assumed business name is:
	Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4.	correspondence should be addressed:	Phone number (optional):
	Bust Aikide School c/o Man Hrycke	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only IDAHO SECRETARY OF STATE

Signature:

Printed Name: _____A_\(\lambda \)

Capacity: owner

(see instruction # 8 on back of form)

CK: 1818 CT: 141132 BH: 374821

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