

(see instruction # 8 on back of form)

## **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.

06 OCT 19 PM 2:21

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRE PART OF STATE STATE OF IDAHO

The assumed business name which the undersignment business is:  Sharp Sate //ite	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Shorp  63	Complete Address  32 Quartz 57  Sun a, IB B3639
3. The general type of business transacted under the 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:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 922-3394
	Secretary of State use only
Signature: Signaphre required)  Printed Name: Orren  Capacity/Title: Men ber Mon kg cr	IDAHO SECRETARY OF STATE  10/19/2006 05:00  CK: CASH CT: 158010 BH: 981082 1 6 25.00 = 25.00 ASSUM NAME # 2