Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

IDAHO SECRETARY OF STATE

94/13/2006 05:00

CK: CASH CT: 158010 BH: 949089

0 25.00 = 25.00 ASSUM MANE # 2

D 98753

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

06 APR 13 PM 2: 01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

| business is: _ Curosome cuts + Co | |
|---|--|
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name SHOCKLE DAMBICE R | entity or individual(s) doing Complete Address 300 300 300 300 300 300 300 300 300 30 |
| 3. The general type of business transacted under the | |
| Retail Trade Transportation and Positive Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: | Submit Certificate of Assumed Business Name and \$25.00 fee to: 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): |
| nature: Hacun Olympia | Secretary of State use only |