Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NA

(Please type or print legibly)

To the SECRETARY OF STATE STATE OF IDAHO



FEETWE

The assumed business name which the undersigned u business is:	
Busy Bees	se(s) in the transaction of
2. The true name(s) and business address(es) of the enti- business under the assumed business name is/are: Renal Zito 1315 W. Rebeccatleffter	omplete Address Honey Suckle 34 Hay 83835
3. The general type of business transacted under the ass (mark only those that apply)	Uest Linden CDA. Hongsuck le Ex (83814) umed business name is:
Wholesale Trade Agriculture Fi	ransportation and Public Utilities nance, Insurance, and Real Estate ining
4. The name and address to which future correspondence should be addressed: 1375 W Honey Starkle #34 Hayden J 83835	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment 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
Anthony DZito Anthony to	Secretary of State use only IDAHO SECRETARY OF STATE 06/14/2000 09:00
inted Name: Renae Zito Rehara Hester	CK: 2431 CT: 132400 BH: 326330 1 8 28.86 = 26.88 ASSUM NAME # 2

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