

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME .. FER 25 PM 1: 26

Pursuant to Section 53-504, Idaho Coosubmits for filing a certificate of Assum Please type or print legible Instructions are included on back of 1. The assumed business name which the business is:	sed Business Name. SECHE BY OF STATE STATE OF IDAHO application.
5-th Street B	agelry
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u>	s(es) of the entity or individual(s) doing name: Complete Address
01/6/06	Focatello, ID 83201
3. The general type of business transacted Retail Trade ☐ Transporta ☐ Wholesale Trade ☐ Constructi ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Est 4. The name and address to which future correspondence should be addressed: 27 ← South 5 th Sunta	stion and Public Utilities ion e Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledge copy is (if other than # 4 above):	
gnature: Nuly to . Tongresht	Secretary of State use only
inted Name: Ph. 1.p D. Lampre. apacity/Title: Sec Treas- gnature: Lawpre. inted Name: Hawaka I Lawpre.	IDAHO SECRETARY OF STATE

President

Capacity/Title:_

CK: 6677 CT: 165731 BH: 1261700 1 0 25.00 = 25.00 ASSUM NAME # 2

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