

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



STATE OF TOAHO

The assumed business name which the under business is:     Soar High N	
The true name(s) and business address(es) of business under the assumed business name:	of the entity or individual(s) doing : Complete Address 1815 Powers Drive, Lewiston, ID 83501 1815 Powers Drive, Lewiston, ID 83501
3. The general type of business transacted und	er the assumed business name is:
<ul> <li>✓ Retail Trade</li></ul>	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
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	nt Phone number (optional):
same	Secretary of State use only
Signature: Pan I Monroe  Printed Name: Dan L. Monroe  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE

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