

Signature: _

Printed Name: Shown was

owner

Capacity/Title: Co.

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 JUN 25 PH 3: 52

CERSETARY OF STATE

	Please type or print legibly. Instructions are included on back of applic	ation.	SECRETARY OF STATE STATE OF LOAHO	
1.	The assumed business name which the under business is:	ersigned	d use(s) in the transaction of	
2.	The true name(s) and <u>business</u> address(es) of business under the assumed business name Name Nicole Dayv Shanna Nekon		entity or individual(s) doing Complete Address 93 S. Linda ViSta AVC SL TD 83709) _ (
3.	The general type of business transacted under 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: 19935, Linda Viston	·	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than #4 above): Nicole and Shanna 1993 S. Linda Vista Aul.	(
	ed Name: Nicole M. Darr		Secretary of State use only	

IDAHO SECRETARY OF STATE **96/25/2012 95:00** CK: 1848338 CT: 172899 BH: 1329745 1 0 25.60 = 25.60 ASSUM NAME # 2

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