

Signature: \(\lambda \)

Printed Name:

Capacity/Title: OWY CY

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Q8 NOV 13 AM 8: 35 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Hallie Cayney Paul	Complete Address 1 200 N 1 1 1 1 8 3 3 4 7
Retail Trade	
	Secretary of State use only

IDAHO SECRETARY OF STATE
11/13/2008 05:00
CK: 2051 CT: 231401 BH: 1144257
1 @ 25.00 = 25.00 ASSUM NAME # 2

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