

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

11 JUN -6 AM 9: 54

Please type or print legibly.

Instructions are included on back of application.

SECALLY OF STATE STATE OF IDAHO

Dab	obled Details
The true name(s) and <u>business</u> address(business under the assumed business not	, ,
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Construction	ion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Suzann Sanders	Secretary of State 450 North 4th Street PO Box 83720
5654 W Gamay Ct Rathdrum, ID 83858	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
Since Street Street	Secretary of State use only
Signature: Suzann Sanders Printed Name: Suzann Sanders	-
Capacity/Title: Owner	-
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	CK: 8941 CT: 158010 BH: 1277152
Capacity/Title:	

D148123