Capacity/Title: Owner

(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.

08 AUG 20 AM 8: 36

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address business under the assumed business Name Raymand traviola	ss(es) of the entity or individual(s) doing name: Complete Address 6523 OV Bruwau Hwy Marsing, ID 63
	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301

IDAHO SECRETARY OF STATE

28/28/2008 05:00

CK: 1001 CT: 150010 BH: 1132362

1 % 25.00 = 25.00 ASSUM MAME # 2

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