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CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED	
To the SECRETARY OF STATE, STATE OF 198412 21 PH 3: 01, Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business NameATE	
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
Clay Roots	
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>	
	nplete Address taga Dr. Boise, ID 83706 Dga Dr. Boise, ID 83706
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Image: Services       Image: Service s	
4. The name and address to which future Phone number (optional): $(208)345-1769$ correspondence should be addressed:	
<u>Clay Roots</u> Sheila Lundquist <u>965 Sara toqa Dr.</u> Baina TD 2000	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
Boise, ID 83706	Secretary of State 700 West Jefferson
<ol> <li>Name and address for this acknowledgment COPY IS (if other than # 4 above):</li> </ol>	Basement West PO Box 83720 Boise ID 83720-0080
	208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: heils hundquist	12/21/1998 09:00 CX: 6410 CT: 100467 DH: 172076
Printed Name: Sheila Lundquist	1 # 28.88 = 28.88 ASSUM WANE # 2
Capacity: <u>Owner Manager</u> (see instruction # 8 on back of form)	D21139

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