Printed Name: (

Capacity/Title: (2)

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

10 MAR 11 PM 12:50

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	VAPOR OUT	Llet
2.	The true name(s) and business address(es) of the business under the assumed business name: Name	e entity or individual(s) doing Complete Address
	9,5	51 No Huse 95 Unit
	<u> </u>	Auday Tilal com
	Christina L. Neil	my wery, Larno 850
3.	The general type of business transacted under the	e assumed business name is:
4.	Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street
	Christina Neil P.O. Box 1266	PO Box 83720 Boise ID 83720-0080
	Newsont 42A 99156	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
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03/11/2010 05:00 CK: 6873961102 CT: 158010 BH: 121226 1 0 25.00 = 25.00 05:00

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