

## CERTIFICATE OF ASSUMED BUSINESS NAME

PILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 16 MAR -3 AM 9: 30 submits for filing a certificate of Assumed Business Name.

## <u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing.

SECRETATIV (IF STATE STATE OF ITSUS

The assumed business name which the undersigned use(s) in the transaction of business is:		
Pure American De	ziar	15
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Mindy Smith	of the e	Complete Address  N. Crimson Dr.
	Laav	no talls, In 83401
The general type of business transacted unc	der the a	ssumed business name is:
Retail Trade Transportation and Public Utilities  Wholesale Trade Construction		
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West PO Box 83720
1574 N- Crimson Par. Idaho Falls, ID 83401		Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen	t	Phone number (optional):
COPy is (if other than # 4 above):		208-709-/193
		Secretary of State use only
Signature: Mindy Smith  Printed Name: Mindy Smith	g: complicans labri forms labring65 Ravised 042003	IDAHO SECRETARY OF STATE 03/03/2006 05:00
Capacity/Title: Owner	ApViorms Ravis	CK: 3096 CT: 158010 BH: 940842 1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	S.	D97107