

Capacity/Title: Partner

(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.

07 MAR 21 PM 1=41

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Hush	
The true name(s) and business address(es) pusiness under the assumed business name  Name  Tara and David Parker	
Monique and Chris Williams	1702 N 8th Street, Boise ID 83702
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
Tara Parker and Monique Williams	PO Box 83720
1204 N Manville Street	Boise ID 83720-0080 208 334-2301
Boise, ID 83706	200 334-2301
Name and address for this acknowledgme copy is (if other than #4 above):	Phone number (optional): 208-921-0780
Mantaura Milliana	
Monique Williams	Secretary of State use only

IDAHO SECRETARY OF STATE

03/21/2007 05:00

CK: 162 CT: 211161 BH: 1941358

1 # 25.00 = 25.00 ASSUM NAME # 3

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