

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

10 MAY 24 AM 8: 39

Please type or print legibly. NOTE: See instructions on reverse befo	ore filing.  SECRETARY OF STATE OF IDAHO
<ol> <li>The assumed business name which the unbusiness is:</li></ol>	dersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business nam Name  Moxine M. Webh	of the entity or individual(s) doing ne:  Complete Address  LOO Duckee Rd  Soudpoor + Tdaho 83864
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  MAXING M, Webb 100 Duckee Rd Saudpoin T Toaho 83864  5. Name and address for this acknowledgmen copy is (if other than #4 above):	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
ignature: Majum Zuell (signature required)  rinted Name: Maxine M, Webb  apacity/Title: Owner  (see instruction # 8 on back of form)	Secretary of State use only  Secretary of State use only  Secretary of State use only  SECRETARY OF STATE  SECRETARY OF STATE

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