

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2004 JUN -4 PM 1:54

STATE OF IDAHO

NOTE: See instructions of	n reverse before minus.	" CF IDAHO"
1. The assumed business name which the undersigned use(s) in the transaction of business is: INDOOR GARAGE SALE 2. Control of the second sec		
2. The true name(s) and business under the assume Name REDA 3. The general type of busine	30N 384 TWI	Complete Address 12 S. Locust Locust N FALLS, ID. 8330/
Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance, the name and address to correspondence should be the correspondence should be the correspondence should be the copy is (if other than # 4 above)	Transportation and Public Construction Agriculture Mining and Real Estate which future e addressed: 500 51.5. TD.8334/ this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 12-0188 - 208-423-4473
SAME Signature: Fredo Printed Name: Fredo	Complementary forms team forms te	Secretary of State use only IDAHO SECRETARY OF STATE 96/94/2994 95:299 CK: 44711428289 CT: 158818 BH: 748755 1 8 25.88 = 25.88 ASSUM NAME # 2
Capacity/Title: OWNER (see instruction # 8 on ba		D77022