

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/LI-FECTIVE

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.

STATE OF IDAHO

business is:	
2. The true name(s) and business address(es business under the assumed business name Name JAMES VISSOTEEI TO SHUA ROWEN JOSHUA ALLEN	, , ,
3. The general type of business transacted un	nder the assumed business name is:
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: THMES VISSOTSKI 3213 MITCHELL BOISE, IDAHO 23703 5. Name and address for this acknowledgme copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	Secretary of State use only
rinted Name: JAMES R. VISSOTSK J. Capacity/Title: GEVERAL PARTUER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE Dayloo Da

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