Capacity: ()

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

	Pursuant to Section 53-504, Ida gives notice of adoption of an A	· ·	
1.	The assumed business name which the u business is:		· Oper Oper
	booking commity consult	115	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	<u>Cor</u>	mplete Address
	Robert Ferrio Goodwin	1013 8101	~(C
		Sandbis	179858 CI, F
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☐ Retail Trade ☐ Manufacturin☐ Wholesale Trade ☐ Agriculture☐ Construction☐	Fina	nsportation and Public Utilities ance, Insurance, and Real Estate ing
The name and address to which future Phone number (optional); correspondence should be addressed:			(optional):
			Submit Certificate of Assumed Business Name and \$20.00 fee to:
			Secretary of State 700 West Jefferson
	Name and address for this acknowledgme copy is (# other than #)4 above):	nt Mar Vanda	Basement West PO Box 83720
	Welle Yourso Dark	HHY COONE	Boise ID 83720-0080 208 334-2301
	Sandont to 8386	12/99	Secretary of State use only
Signatu	ro. Zanta (F	Revision 12/99	IDAHO SECRETARY OF STATE
Printed	0, 5	99	12/03/2001 05:00 CK: 1320 CT: 154178 BH: 432366 1 0 20.00 = 20.00 ASSUM NAME # 2