FILED EFFECTIVE

27	
CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busin Please type or print legibly. NOTE: See instructions on reverse before f	ndersigned ZUU6 SEP 2 PM :58 ness Name, SEUNCIANT OF DIALE STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) or business under the assumed business name: Name <u>Avdrca Charles</u>	Complete Address
 Wholesale Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Heal Massage Amarca Umarles UmT 2404 S. Orchard St., Stc. 100 Boise, TD 83705 	Ind Public Utilities 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
 Name and address for this acknowledgment COPY IS (if other than # 4 above). 	t Phone number (optional): 2.08-859-8567
	Secretary of State use only
Signature: <u>ACMONDUS</u> Printed Name: <u>Andrea Charles</u> Capacity/Title: <u>OWVEN</u> (see instruction # 8 on back of form)	$\begin{array}{c} 10000 \\$

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