

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name (III) HAR 19

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

NOTE: See instructions on reverse perore in	STATE OF IDATIO
The assumed business name which the undersit business is: THERHET AUCTO	igned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name PRICE REHARD AUG 52	the entity or individual(s) doing Complete Address O, Box 1057 C/Fust/FruitO, Box 525 C/ 83625 25 W, First Rue, G/Fust/FruitO, TO 83625
The general type of business transacted under the assumed business name is:	
Retail Trade	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
	Secretary of State use only
Signature: Signature required Printed Name: VELLEV C. PRIZE Capacity/Title: MANAgor Payetyer	DTTTOTO J
(see instruction # 8 on back of form)	CK: 3465 CT: 177644 BH: 734218 1 @ 25.00 = 25.00 ASSUM MANE # 2