

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

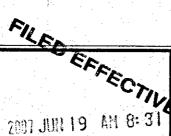
Please type or print legibly.

NOTE: See Instructions on reverse before filing.

Counselor / Owner

(see instruction # 8 on back of form)

Capacity/Title:



SECRETARY OF STATE STATE OF IDAHO

	of the entity or individual(s) doing
ousiness under the assumed business name  Name	Complete Address
Aundrea Peaslee	4822 N Rosepoint Ste
	15016e 117 83713
The general type of business transacted und	er the assumed husiness name is:
The general type of bachlood handacted and	or the assumed business fiame is.
Retail Trade Transportation a	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Aundrea Peaslee	Basement West PO Box 83720
1186 W. Barrymore	Boise ID 83720-0080
	208 334-2301
Meridian, 1083642	
Name and address for this acknowledgmen	t Phone number (optional):
COPY İS (if other than # 4 above):	9935435
same	

IDAHO SECRETARY OF STATE 96/19/2007 05:00 CK: 1885 CT: 214529 BH: 1868889 1 8 25.88 = 25.88 ASSUM MAME N 2

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