CERTIFICATE OF ASSUMED BUSINESS NAME

27	A)
CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	rsioned VM 20
Please type or print legibly. NOTE: See Instructions on reverse before filin	STATE OF TATE
The assumed business name which the undersign business is: HomeBase Trans	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address SLOSLO N 2500 6 DIN GILL 20 83301
3. The general type of business transacted under the	
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture	
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: RHONGA HAMEH 3656 N 2500 E TWIN Falls Id 83301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0030 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
copy to the characters.	208-736-1856
	Secretary of State use only
gnature: Albanda Hame H	D 56165
rinted Name: Rhonda Lame Hame Hame Hame Hame Hame Hame Hame H	IDANO SECRETARY OF STATE タムノさらノさらは2 タラ:タタ CK: 1901 CT: 156010 BH: 474463
(see instruction # 8 on back of form)	1 2 20,00 = 20.00 ASSUM NAME # 2