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 Dun: 78 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name ART OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Smoke 11 Suds 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address MAY LEISUR LONE Meridian Idaha 83/412 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina Phone number (optional) (206) 377-1050 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 08/28/1997 09:00 CK: CASH CT: 863% BM: 33752 Signature: \_\_\_ $1 \ \theta \ 28.00 = 26.00 \ ASSUM NAME$ Printed Name: Hmax D7604