| | FILED EFFECTIVE |
|---|---|
| CERTIFICATE OF ASSUMED BUSINESS NA | ME |
| submits for filing a certificate of Assumed Business | |
| Please type or print legibly. NOTE: See instructions on reverse before filing | |
| The assumed business name which the undersign business is: | ed use(s) in the transaction of |
| Mayst 1-1057 Se | West Orsin |
| The true name(s) and business address(es) of the business under the assumed business name: Name | entity or individual(s) doing Complete Address |
| 17, che 1 V, to 1403 | Eth fre 1: 17/15 |
| | FJ30/ |
| 3. The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Machael Lito 1403 Pit Are E Some and address for this acknowledgment | 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 |
| COpy is (if other than # 4 above): | Phone number (optional): <u>20F-4/0-2097</u> |
| gnature: <u>Mile atto</u> inted Name: <u>M.c. hare</u> V. bo apacity/Title: <u>Owner</u> | IDAND SECRETARY OF STATE 05/06/2009 05 + 00 |
| .see instruction # 8 ວກ Cack ct formາ | CK: 16615979403 CT: 156010 IN: 1169 1 8 25.00 = 25.00 ASSUM NAME I |