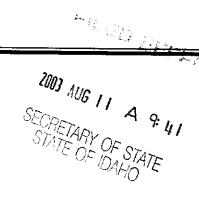


(see instruction # 8 on back of form)

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.



The assumed business na	me which the unders	signed	use(s) in the transaction of	
business is:			,	
- Fluyo Di	ISLNESS -		Br warre	<u>e. </u>
2. The true name(s) and business	" FUN EB	1000	ness" Robb	oins
The true name(s) and busi business under the assum	ed business name:	tne er	ntity or individual(s) doing	
Name	eu busilless liaille.		Complete Address	
\sim	obins :	~ <i>(</i> .	Complete Address	A .
11 will'a not	1)(V) 5 <u>0</u>	<u>ا) ا</u>	Whiskey Jack	ROL
		Sai	odpoint, ID 838	64
3. The general type of busine				
The general type of busine	ess transacted under	tne as	ssumed business name is:	
☑ Retail Trade □	Transportation and	d Publ	lic Utilities	
Wholesale Trade	Construction			
Services	Agriculture	ſ		
	☐ Mining		Submit Certificate of	
_	•		Assumed Business Name and \$25.00 fee to:	
☐ Finance, Insurance,			14amo ana 420,00 (cc (c)	
4. The name and address to		ı	Secretary of State	
correspondence should be	addressed:	ı	700 West Jefferson	
Fun Busines	\$	l	Basement West PO Box 83720	
Clob Monica			Boise ID 83720-0080	
	10016 Od	Ī	208 334-2301	
<u>211 Whiskey</u> Such mint	Dack Kac			
5. Name and address for this	s acknowledgment		Phone number (optional):	
COPy is (if other than # 4 above).		Hi	m (208) 265-0120	
			JK (208) 265-3335	
NA			Secretary of State use only	
\overline{M}	9.19		01,000	(\
Signature 1 Jonico A Kor (signature required	blins se	g	13 4 1/0	>)
Printed Name: Monica C.	Robbias 1	Revised 04/2003	IDAHO SECRETARY O	E CTATE
	Blums Robblus	Revi	08/12/2003 CK: 5885 CT: 158618	95:00 BH: 695840
Capacity/Title: <u>Owner</u>				SSUM NAME # /