CERTIFICATE OF ASSUMED BUSINESS NAME

	the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of option of an Assumed Business Name.
1.	The assumed business name which the undersigned use(s) in the transaction

CERTIFICATE	OF ASSUM	MED BUSIN	NESS NAME		
To the SECRETARY OF STA Pursuant to Section 5 adoption of an Assumed Bus	3-504, Idaho Code		ed gives notice of	State Control of Science of Scien	
1. The assumed business no business is: Sa Kura	ame which the und	_	b		
The true name(s) and bu business under the assure	siness address(es med business nam) of the entity or ne is/are:	individual(s) doing		
NGOC-KH = NG	Guyen 1	20 Box 24	Address 344 Hailey 1	D.83333	
-					
3. The general type of busing \bigcirc 4	ness transacted un	nder the assume	ed business name is:		
See categories on the reverse	. Caraca				
4. The name and address t	to which correspon	idence should b	e addressed:		
	Signed	10-			
	Ву _				
	Capacity () O O V				
Submit Certificate of As Business Name and \$2		Customer#	19ANO SECRETAR	N OF STRIE	
Secretary of State		96-01	Secretary of State use onl 96/26/19 CK: NO CK # CT: 9	98 09:00	

700 West Jefferson PO Box 83720 Boise ID 83720-0080

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