## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED



To the SECRETARY OF STATE, STATE OF IDABOJAN -7 AN 9:04  Pursuant to Section 53-504, Idaho Code, the undersigned STATE  gives notice of adoption of an Assumed Busing Allondon		
The assumed business name which the undersigned use(s) in the transaction of business is:  CHRISTIE'S TNTERIORS		
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
Oja's LLC	Malad Idaho 33252	
The general type of business transacted (mark only those that apply)	d under the assumed business name is:	
Retail Trade Manufactu Wholesale Trade Agriculture Services Constructi	e Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:	Phone number (optional):	
Oja's LLC 10990 N. OLD Hwy 191 Malad Idaha 83252	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
Molad Adolo 83252  5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
Signatura Namus Dia	Secretary of State use only IDAHO SECRETARY OF STATE  01/07/1998 09:00  CK: 1852 CT: 92184 BH: 78512	
Printed Name: Larry Oja  Capacity: Registered Agent	1 8 20.80 = 20.00 ASSUM NAME  - Judituggggggggggggggggggggggggggggggggggg	
(see instruction # 8 on back of form)	- tycorbite	