2 (
CERTIFICATE OF ASSU (Please type or print legibly.) To the SECRETARY OF STATE, ST Pursuant to Section 53-504, logives notice of adoption of an	daho Code the undersigned
1. The assumed business name which the busine was:	* /
2. True name(s) and business address((es) of the entity or individual(s) doing ame is/are: Complete Address
S S S S S S S S S S S S S S S S S S S	1451 Blackteil RJ.
Ava Greene	Cocolella ID 83813
3. The general type of business transacted (mark only those that apply) Retail Trade	ing
4. The name and address to which future correspondence should be addressed: Tra Greene	Phone number (optional): 208-263-4487 Submit Certificate of
Cocolalla ID 83813	Assumed Business Name and \$20.00 fee to: Secretary of State
Name and address for this acknowledgme copy is (if other than # 4 above):	700 West Jofferson
Signature: La Green	IDANG **BECRETARR**********************************
Printed Name: Isa Greene	₹