

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.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse be	fore filing.	
1. The assumed business name which the ubusiness is:	indersigned	d use(s) in the transaction of
2. The true name(s) and business address(e business under the assumed business na Name	ime:	Complete Address WAIL RUN BLVD. POST FALLS ED 2385 4
ISNAC MAURER	1607 9	HATE RUN BLUD. POST FALLS, 1
3. The general type of business transacted t	under the a	ઇટા કડાયાલી business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: TSAAC MALER FUN. BLVD. POST FALLS, ID. 83854 5. Name and address for this acknowledged copy is (if other than # 4 above):	e	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 Phone number (optional):
		Secretary of State use only
Signature: Signature required) Printed Name: TLEL MILLER Capacity/Title: PARTNER	copyformstabn formstabn p65 Revised 04/2003	100 SECRETARY OF STATE 100 SE