

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 05 SEP 13 PM 12: 19

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the under business is:	a
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name: Name Awizence Shave Hendricks	of the entity or individual(s) doing
3. The general type of business transacted under	er the assumed business name is:
Wholesale Trade Wholesale Trade Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 519 e 5th st Emmet ID 836/7 5. Name and address for this acknowledgmen copy is (if other than #4 above):	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
	Secretary of State use only
Signature: (signature required) Printed Name: Anne Reverse Capacity/Title: Owner	IDAHO SECRETARY OF STATE 9/13/2005 05:00 CK: CASH CT: 158010 BH: 911376 1 0 25.00 = 25.00 ASSUM NAME # 2