	RTIFICATE OF ASSUMED (Please type or print legibly. See instruments the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Congives notice of adoption of an Assum	ructions on r F IDAHO ode, the und	everse.)
1.	The assumed business name which the business is:	undersigned	use(s) house transaction of
2.	The true name(s) and business address(business under the assumed business n	ame is/are:	
	Share George	2819 Ac	Complete Address  Ave Am. Gaus 20 5221
3.	The general type of business transacted (mark only those that apply)  Retail Trade   Manufactur		ssumed business name is:  Transportation and Public Utilities
	<ul><li>☐ Wholesale Trade</li><li>☐ Agriculture</li><li>☐ Construction</li></ul>		Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	Phone num	nber (optional):
	2819 POCAKUS AVE AM. FAUS 20 83211		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		•	Secretary of State use only IBMO SECRETARY OF STATE
Signatu	ire Juan Serva	Paragraph 2	67/86/1998 89:88 CK: NO CK & CT: 181848 BM: 125318
Printed Name: Shawa George [			1 0 20.00 = 20.00 ASSUM NAME
Capaci	(see instruction # 8 on back of form)	Corpiformeteen	D16475