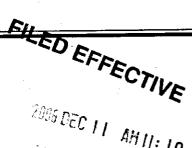


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see Instruction # 8 on back of form)



| | • | OIALE OF DAYOR |
|---|---|--|
| The assumed business name which the under business is: | ersignec | use(s) in the transaction/of |
| The Weekenders Handy M | 14~ | Service |
| The true name(s) and <u>business</u> address(es) of business under the assumed business name | of the e | |
| Name | . | Complete Address |
| | | Killebrew Dr pare He 50 |
| Dry Mithele | 7263 | Killebran Dr pave He =0 8366 |
| 3. The general type of business transacted und Retail Trade Transportation a | | |
| ☐ Wholesale Trade ☐ Services ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate | | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: The Weekenlers 2267 Killebrew Dr. Yezelle Io 83661 | | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgmer copy is (If other than # 4 above): | nt | Phone number (optional): |
| | | Secretary of State use only |
| Signature: | g-borp/forms/athr forms/athr.p65 Revised 04/2003 | IDAHO SECRETARY OF STATE 12/11/2006 05:00 CX: CASH CT: 158018 BH: 1818732 1 @ 25.00 = 25.00 ASSUM MANE # 2 |
| (see Instruction # 8 on back of form) |] ^{ca} | 11106400 |