



CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 JUN 23 AM 10: 47

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
The general type of business transacted under the	7643 Birch La June TD 83687
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Sodie	Secretary of State use only

Printed Name. Capacity/Title:

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 96/23/2009 95:00 CK: CASH CT: 158018 BH: 1175967 1 P 25.80 = 25.00 ASSUM NAME # 8

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