FILEDIS es state

CERTIFICATE OF ASSUL (Please type or print legibly.	MED BUSINESS NAME See instructions on reverse.)
To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	
The assumed business name which the urbusiness is:	
EAGLE VACUUM & HOM	E DECOR.
The true name(s) and business address(estimates business under the assumed business name	s) of the entity or individual(s) doing me is/are:
Name Lawson P. Casad	Complete Address 83
GLENDA R. CASAD	360 E. STATE, EAGLE, ID
3. The general type of business transacted un (mark only those that apply) Retail Trade	g Transportation and Public Utilitie Finance, Insurance, and Real Es
4. The name and address to which future Phone number (optional): correspondence should be addressed:	
LAWSON OR GLENDA CASAD EAGLE Vacuum & Home Decor 360 E. STATE ST.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above): LAWSON OR GLENDA CASAD	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
MERIDIAN, Id 83642	Secretary of State use only
Signature: <u>Alexan</u> R. <u>Casal</u> Printed Name: <u>Alexan</u> R. <u>Casal</u> Capacity: <u>Owner</u> Manager. (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 88/28/2081 65:20 CK: CASH CT: 158686 BH: 4159 1 8 28.88 = 28.88 ASSUM NAME D 4/44