(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

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

The assumed business name which the undersigned	use(s) in the transaction of
business is:	
Viking House 1:	2
2. The true name(s) and business address(es) of the elebusiness under the assumed business name: Name Troy Lee Sonya Lee Shauna Nelson 1149	Complete Address S 7 West Sugar City Tology W 2 not South Rexbury 8544 S 7 West Sugar City 83448
The general type of business transacted under the assumed business name is:	
 ☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture 	Submit Certificate of
☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Sharma Welson 1149 5 7 We	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	208-356-5764
	Secretary of State use only .
Signature: <u>Shawna Milson</u> Printed Name: <u>Shawna Nilson</u> Capacity/Title: <u>Manager</u>	IDANO SECRETARY OF STATE 09/09/2004 05:200 CK: 196 CT: 150818 DN: 765284