

CERTIFICATE OF ASSUMED BUSINESS NAME

the undersigned

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)

FILED EFFECTIVE

04 DEC 29 AM 9:21

SECRETARY OF STATE STATE OF IDAHO

Name Discrete France	ame: Complete Address
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3. The general type of business transacted to	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	ion and Public Utilities
Services	Assumed Business
4. The name and address to which future correspondence should be addressed: Strong for 2	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	ment Phone number (optional):
	Secretary of State use only
Signature:	- \$\frac{80}{200} \text{Update} \$\frac{10}{2} Update
(signature required)	- Lidaho Secreta 12/29/206