

Capacity/Title: owner

(see instruction # 8 on back of form)

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned JAN 27 PM 3: 20 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

D83858

144.11.	Office -
The assumed business name which the under business is:	rsigned use(s) in the transaction of
Considerate Done	
	of the entity or individual(s) doing : Complete Address 190 E. Front St. # 408 Brise, ID 83702
3. The general type of business transacted und	er the assumed business name is:
Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Sarah Smith 190 € Front St. #408 Boise 1D 83702 5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): (208) 860 -9606
Signature: Savas (signature required)	Secretary of State use only Secretary of State use only IDANO SECRETARY OF STATE 01/28/2005 05=00 CK: 192 CT: 158010 BH: 789786 1 2 25.66 = 25.66 ASSUM NAME 1
Printed Name: Sarah Smith	1 6 25.66 = 25.00 ASSUM MANE 1