

W VEN (see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED E

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.

04 APR -1 MM 3: 27

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is: \(\text{Que Miles} \)	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Sonya M. Rosanio 1012 Fendinand Rosanio	Complete Address N. Cathylane Meridian, I
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 1012 N. Carry Lare Meridian To 83642	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 288-2933
Strugg M Rayor In	Secretary of State use only
Signature: (signature required)	IDAHO SECRETARY OF STATE
Signature: May	CK: 40133076781DMF CT: 172099 PM
Capacity/Title: Owner gg	1 = 25.00 = 25.00 ASSUM NAME # 3