## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED EFFECT

To the SECRETARY OF STATE, STATE OF IDAHO

1. The assumed business name which the undersigned	use(s) in the transaction of
Perorn's Playhouse (1	Eprons Playhoux)
2. The true name(s) and business address(es) of the en business under the assumed business name is/are:	•
Christina Reproro PO Box	Complete Address  11 Covey 10833
Samo Repair SR	SAnc)
74,00	200
<ol> <li>The general type of business transacted under the ass (mark only those that apply)</li> </ol>	sumed business name is:
☐ Wholesale Trade ☐ Agriculture ☐ F	ransportation and Public Utilitie inance, Insurance, and Real Es
4. The name and address to which future	
correspondence should be addressed:	Submit Certificate of
amana tetrain	Assumed Business
PO Box 141 Carey, ID 83320	Name and \$20.00 fee to:
(200)022-11-1111	Secretary of State
(208) 825-4494	700 West Jefferson
. Name and address for this acknowledgment	. Basement West PO Box 83720
COPY IS (if other than # 4 above).	Boise ID 83720-0080
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d Name: Christing Pexon	208 334-2301

(see instruction # 8 on back of form)

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