## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



business is:	undersigned use(s) in the transaction of
The true name(s) and business address(s) business under the assumed business name  Name  Morrow	es) of the entity or individual(s) doing ame is/are:  Complete Address  4355 134111 20.  NAMPA ID 83687
The general type of business transacted (mark only those that apply)  Retail Trade	ring Transportation and Public Utilitie    Mail
Correspondence should be addressed:  LINDA L. MORGAND  4355 BALIVI LN.	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
Name and address for this acknowledge copy is (if other than #4 above):	700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 - 208 334-2301

(see instruction # 8 on back of form)