

Printed Name: Tern

(see instruction #8 on back of form)

Capacity/Title:__

CERTIFICATE OF ASSUMED BUSINESS NAME

FFECTIVE

2004 APR -5 AM 8: 45

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.

STATE OF IDAHO

The true name(s) and business address(es) of the	J
business under the assumed business name: Name Po	Complete Address Box 298-205 BStreet Sugar City, Id 83448
The general type of business transacted under the	
 ☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Agriculture ☐ Manufacturing ☐ Mining 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Sugar City, TD 83448 Name and address for this acknowledgment	208 334-2301 Phone number (optional):
COpy is (if other than # 4 above).	Secretary of State use only

IDAHO SECRETARY OF STATE 04/06/2004 05:00 CK: 182 CT: 158018 BH: 737569 1 8 25.00 = 25.00 ASSUM NAME # 2

D7493