Capacity/Title: Care an

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME PRO COT 19 AT 8: 42

## **FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name Constitution (1987)

NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersolution business is:  Cak Certified Family  Cak Certified Family	
	the entity or individual(s) doing  Complete Address  327 Silver Leaf Ext.  Emmett, Td - 83(a)7
<ol><li>The general type of business transacted under the assumed business name is:</li></ol>	
Retail Trade Transportation are Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Cak Cechified Family How S327 Silver Leaf Ext.  Emwett Id - Wilcoln	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
<ol><li>Name and address for this acknowledgment copy is (if other than #4 above).</li></ol>	Phone number (optional): 208-365-239
Signature: June (signature discontinue di discontinue discontinue di discontinue discontinue discontinue discontinue discontin	Secretary of State use only
Printed Name: Kim A. Taylor	IDAHO SECRETARY OF STATE  10/19/2005 05-00

IDAHO SECRETARY OF STATE
10/19/2005 05:00
CK: 1 CT: 158818 BH: 917678
1 @ 25.88 = 25.88 ASSUM NAME # 2

D92766