

CERTIFICATE OF ASSUMED BUSINESS NAME

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

OI JUL 10 AM 8: 46

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the unbusiness is:	
The true name(s) and <u>business</u> address(es business under the assumed business name Name	e:
	Complete Address
Bryan Egan	820 Blue Lakes Blyd. N.
Heidi Egan	Twin Falls, Idaho
<u> </u>	
3. The general type of business transacted u	
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
gnature: Beyon Egon inted Name: Bryon Egon spacity: Owner (see instruction # 8 on back of form)	1002/10 pg 100

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