## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions opposed)/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO ON FER 17 AM IO: 23

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name of IDAHO			
1.	The assumed business name which the undersigned use(s) in the transaction of		
	business is:	we. M	
	"ACCENTRICITIES		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	M. Rebecco S. Comoton 1473 N	nplete Address Park Forest 12 bay	
	College Colleg		
	Eagle,	ID 83616-4001	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☑ Wholesale Trade ☐ Agriculture ☐ Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	The name and address to which future correspondence should be addressed:		
	M. Relperca S. Compton	Submit Certificate of	
	1473 N. Park forest Way	Assumed Business	
	CT TO TEST TO SOLVE STATE OF THE STATE OF TH	Name and \$20.00 fee to:	
	Eagle, ID 83616	Secretary of State	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson  Basement West / PO Box 83720	
	NA	Boise ID 83720-0080 208 334-2301	
		Samue secretaire de Salie	
		02/17/2000 09:08	
4.	Boundary A Cox atta	CR: 2013 CT: 126878 BH: 201133	

Printed Name: M. Relpero S. Compton

Capacity: Actist /owner

(see instruction # 8 on back of form)

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