Capacity:__

owner (see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assum	ode, the undersigned
1. The assumed business name which the business is:	
2. The true name(s) and business address(business under the assumed business not shall a Hatcher Shella Hatcher	(es) of the entity or individual(s) doing ame is/are: Complete Address 1325 HOOPES AVE #55 ID, 83401
3. The general type of business transacted (mark only those that apply) Retail Trade	ing Transportation and Public Utilities Finance, Insurance, and Real Estat
 4. The name and address to which future correspondence should be addressed: Sholla-Hatchur 1325 Hoopus Avo#55 Idamo Falls, 1D 83H0H 5. Name and address for this acknowledge copy is (if other than # 4 above): 	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
Signature: Shella Hatcher Printed Name: Shella Hatcher	IDAME SECRETARY SELECTATE only 06/16/2000 69:00 CX: 3991 CT: 132504 BH: 327009 1 9 20.00 = 20.00 ASSUM NAME # 2
Signature: Sheia Hatcher Printed Name: Sheia Hatcher	1 6 58'98 = 58'88 WENE 1 5

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