

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

12 MR 27 M 9: 19

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

SECRETARY OF STATE STATE OF IDEALO

FILED EFFECTIVE

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the urbusiness is:  SCRUBBY'S DEE	
2. The true name(s) and <u>business</u> address(expusioness under the assumed business name  Name  EPIN GRAHAM	
3. The general type of business transacted u  Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Public Utilities  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  EVIN GRAHAM  3200 S. CANISTRANOA  BOSE, 10 83705	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: PIN SemterM	Secretary of State use only
Capacity/Title: OWNER  Signature:  Printed Name:  Capacity/Title:	IDAHO SECRETARY OF STATE  04/27/2012 05:00  CX: 396822498 CT: 158818 BH: 1321681  1 8 25.80 = 25.88 ASSUM MANE # 2
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