ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly. NOTE: See instructions on reverse before The assumed business name which the und	siness Name. SECRETARY OF S STATE OF IDAT
husiness is:	or Council
The true name(s) and business address(es) business under the assumed business nam Name Sharon Parry) of the entity or individual(s) doing ne: Complete Address 2705 Homestead Lane, Idaho Falls, ID 83404
 3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Sharon Parry 2705 Homestead Lane 	n and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Idaho Falis, ID 83404 5. Name and address for this acknowledgm copy is (if ether than # 4 above):	nent
ignature: <u>Michappany</u> inted Name: <u>Sham D Parry</u> apacity/Title: <u>Candidate</u> (see instruction # 8 on back of form)	Secretary of State use only