CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the	SECRETARY	OF STATE.	STATE OF IDAHO
	OEO((E)()()()	O: O:::-,	

Pursuant to Section 53-504, Idaho Code, the undersigned 3 15 PN 13 3 15 PN 10

	gives notice of adoption of an As	sumed Busir	ness Name.			
1.	The assumed business name which the und business is:	dersigned us	e(s) in the transaction of	<u>r</u>		
	Basque-ettes					
2.	The true name(s) and business address(es) of the entity	or individual(s) doing			
	business under the assumed business nam		()			
	Katrina K. Marcinkowski &	Cor Wy Brux	mplete Address Source Dr. Boise ID 8370	il:		
		7	10000 9 1 0013 1000 10	- 7		
3.	The general type of business transacted un- (mark only those that apply)	der the assu	med business name is:			
	Retail Trade					
	☐ Wholesale Trade☐ Agriculture☐ Construction		ance, Insurance, and Real Estate ning)		
4.	The name and address to which future Phone number (optional):					
	correspondence should be addressed:					
	Basque-ette's		Submit Certificate of	7		
	Attn: Katrina Marcintowski		Assumed Business	1		
	408 Almond St		Name and \$20.00 fee to:	ı		
	· Nanpa IO 83686		Secretary of State			
	•		700 West Jefferson	ı		
5.	Name and address for this acknowledgment	t	Basement West	ı		
	COPY is (if other than # 4 above):		PO Box 83720			
			Boise ID 83720-0080	ı		
			208 334-2301			
			Secretary of State use only	_		
		68	TAMES			

Signature: Noting Y. Marchashe

Printed Name: Hatrina K Marcinkowski

Capacity: President

(see instruction # 8 on back of form)

IDANO SECRETARY OF STATE

84/13/2001 09:00 CK: CASH CT: 145827 BH: 391181

1 8 28.80 = 20.00 ASSUM NAME # 2

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