

## CERTIFICATE OF ASSUMED BUSINESS NAMFILED EFFECTIVE

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

11 JUN 14 PM 2: 44

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

SECRETARY OF STATE
STATE OF IDAHO

The assumed business name which the ur business is:  NorCall	
The true name(s) and <u>business</u> address(exbusiness under the assumed business name     Name     Donna Vinnard	
3. The general type of business transacted u  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:  Donna Vinnard  10400 W. Overland Rd. #132	Submit Certificate of Assumed Business
Boise, ID 83709  5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
rinted Name: ONDA VINNA Capacity/Title: Owner	Secretary of State use only  IDAHO SECRETARY OF STATE
rinted Name:Capacity/Title:	CK: 784582 CT: 172899 BH: 1278378 1 8 25.88 = 25.88 ASSUM MANE # 2