

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 APR -6 PM 4: 19

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

D86436

4 7			
 The assumed business name which the ur business is: 	dersigned use(s) in the transa	ction of	
	roka tria		
<u>Stephanie & Co. M.</u>	a ne cara_	· · · · · · · · · · · · · · · · · · ·	
2. The true name(s) and business address(es		doing	
business under the assumed business nar			
<u>Name</u>	Complete Address		
Stephanie Silence	1070 W. Halverson		
	middleton 1D 83644		
	оку P.D. BOX 755		
3. The general type of business transacted u	nder the assumed business na	ıme is:	
Transportation	and Dublic Hillian		
Retail Trade Transportation and Public Utilities Wholesale Trade Construction			
		<u> </u>	
☐ Manufacturing ☐ Mining	Submit Certificate Assumed Busines		
Finance, Insurance, and Real Estate	Name and \$25.00		
4. The name and address to which future	Secretary of State		
correspondence should be addressed:	700 West Jefferso	n	
	Basement West PO Box 83720		
Stephanie & Co. Marketing PD. Box 755	Boise ID 83720-00	080	
Mudaleton 1D 83644	208 334-2301		
Maaitivii 10 63699			
5. Name and address for this acknowledgm	ent Phone number (opt	ional):	
COPY IS (if other than # 4 above).			
	Secretary of Sta	te use only	
	99d:		
Signature: S. Sulence	ms\abr		
Printed Name: Stephanu Sitence	1DAHO S 1DAHO S 1DAHO S 202//60 CK: CASH C 1 6 25.00 =	ECRETARY OF STATE 12005 05:00	
	CK: CASH C 1 @ 25.00 =	T: 158010 BH: 803145 25.00 ASSUM NAME # 2	
Capacity/Title: PWNER	<u> </u>	4 1/2 /	