

## CERTIFICATE OF EDEFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 2 At 9: 18

Please type or print legibly.

NOTE: See instructions on reverse before filling. LIARY OF STATE STATE OF IDAHO

OTATE OF IDATIO	
1. The assumed business name which the under business is:	signed use(s) in the transaction of
Desert Sage D	Jary
The true name(s) and <u>business</u> address(es) of business under the assumed business name:     Name	Complete Address
Kris Hubert	Same 83324
3. The general type of business transacted under	
☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction	nd Public Utilities
<ul><li>☐ Services</li><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
Desert Sage Miry  602 E 570 S.  Dietrich, ID 83324	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (If other than # 4 above):	t Phone number (optional):
	Secretary of State use only
Signature: Prio Hubert	D 55691
Printed Name: Kris Hubert	givorpyforms/abn forms/abn p65 Revised 01/2001
Capacity/Title:	S CONTRACTOR OF CTAT

IDANO SECRETARY OF STATE 96/12/2002 95:90 CK: 7144 CT: 158010 BH: 471189 1 0 20.00 = 20.00 ASSUM NAME # 2