## FILEDREFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

	(Please type or print legibly.	See instruct	ions on reverse
	To the SECRETARY OF STATE, STA  Pursuant to Section 53-504, Ida  gives notice of adoption of an A	aho Codé, th ssumed Bu	ie undersigned Charles Siness Name.
1.	The assumed business name which the ur business is:	ndersigned	use(s) in the transaction of
	- MULL TIMM	MITUIL	1. (1)
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Daniel States	2109 c	omplete Address
	Kerry Gantos	Opur I	) Aune, 10 83814
		<u>.</u>	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	☑ Fi	ansportation and Public Utilities nance, Insurance, and Real Estate ining
	The name and address to which future Pi correspondence should be addressed:	hone numbe	er (optional): <u> </u>
	2104 GRBFLING VIV		Submit Certificate of
;	<u>L'DEUX D'AIENE, ID 83814</u>		Assumed Business Name and <b>\$20.00</b> fee to:
			1
-	Manager 1 and 1 an		Secretary of State 700 West Jefferson
	Name and address for this acknowledgment copy is (if other than # 4 above):	ŀ	Basement West
_			PO Box 83720 Boise ID 83720-0080
-			208 334-2301
_		92	Secretary of State use only  02/15/2001 09-08

Signature:\_/ Printed Name: Capacity:

(see instruction # 8 on back of form)

CK: 1001 CT: 142295 BH: 379381

1 @ 20.00 = 20.00 ASSUM MAME # 2

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