

Signature: Toni Che

Capacity/Title: Own ex

Printed Name: TON: ChiriNOS

(see instruction # 8 on back of form)

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.

s for filing a certificate of Assumed Business Name
Please type or print legibly.

1. The assumed business name which the undersigned use(s) in the transaction of business is: West Pine St, Pottery	
2. The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
1. The name and address to which future correspondence should be addressed: 11254 West Pinest. Sandpoint, FdAHO 83864	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Phone number (optional): 208-265-8820
Toni chirinos 11254 W. Pine St Sandpoint, FLAHO 83864	Secretary of State use only

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IDAHO SECRETARY OF STATE 07/20/2005 05:00 CK: 1192 CT: 158010 BH: 822195 1 8 25.80 = 25.80 ASSUM NAME # 2

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