Capacity:

(see instruction # 8 on back of form)

## TFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse.) TATE STATE OF IDAHO TO Undersign 9: 16 CERTIFICATE OF ASSUMED BUSINESS To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: 1mus 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Finance, Insurance, and Real Estate Wholesale Trade Agriculture Services Construction Mining Phone number (optional): 4. The name and address to which future correspondence should be addressed: Submit Certificate of nutr Caldul Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 20.00 = 20.00 ASSUM NAME # 2 Printed Name: M

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