

## CERTIFICATE OF FILED EFFECTIVE **ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned, DEC = 6 All 9 37 submits for filing a certificate of Assumed Business Name.

## Please type or print legibly.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before	e filing.
The assumed business name which the under business is: <u>Weise World of Product</u>	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Name  Name  Notice  Spruse Chris Weise	of the entity or individual(s) doing e:  Complete Address  1382(1), 81 84 80 TBALO FALL DE  1382 141. 81 54 50
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Mary June Veise 13824, 81 34 50  To Aho Falls, TD 83/02	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	nt Phone number (optional): <u>タの8-5⊋5-8/3</u> 5
	Secretary of State use only
Signature: Mary June Weise  Printed Name: Mary June Weise  Capacity/Title: Ower	IDANO SECRETARY OF STATE  12/06/2004 05:00  CK: 9413 CT: 158818 BM: 779989  1 0 25.00 ASSUM NAME # 2
Oapacity/ Title. OTITY/	<del> </del>

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