

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned PR 24 AM 8: 59

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

The assumed business name which the under business is: Organder	rei 21GU6	u use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business name Name Alicia Lovejas	e:	entity or individual(s) doing Complete Address Nation 10 83843
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:		
Aligia Love jul 1339 Wallend rd MOSCOW, 110 83843 5. Name and address for this acknowledgment	nt	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
copy is (if other than # 4 above): Allaa Loves a 9250 Leavett Kt.		309-484-6019 Secretary of State use only
Signature: Manager Signature: Manager Signature: Manager Signature required Printed Name: Alina Live Manager Signature (see instruction # 8 on back of form)	g:korp¥orms\abn forms\abn.p65 Revised 04/2003	IDANO SECRETARY OF STATE 04/24/2003 05 = 06 CK: 1912 CT: 158819 BH: 67661 1 0 25.00 = 25.00 ASSUM NAME