

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(     business under the assumed business n     Name	(es) of the entity or individual(s) doing ame:  Complete Address
Newave Enterprises LIC (W70911)	545 Shoupe Ave # 109
	Idaho Falls, 10 B3402
3. The general type of business transacted  Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat  4. The name and address to which future correspondence should be addressed:  Star Rest Contrel  545 Shope Ave #109  Jake Falls, ID 83402  5. Name and address for this acknowledgments.	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
COpy is (if other than # 4 above):	Secretary of State use only
1100 #	<u>  5</u>
ignature: Nake P. Parth	IDAHO SECRETARY OF STATE  ##################################