

Capacity/Title: ()()

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF ST

The assumed business name which the undersigned business is: Angelas Final Sure	
The true name(s) and business address(es) of the business under the assumed business name: Name	entity or individual(s) doing Complete Address 34 Thombale LP
C	DA, Id 83815
3. The general type of business transacted under the Retail Trade Transportation and Pi Wholesale Trade Services Agriculture	ublic Utilities Submit Certificate of
 Manufacturing	Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
3534 Thombale LP. CDA, Id 83815	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
gnature: White Required) inted Name: Are or Whitney	DAHO SECRETARY OF STATE CK: 1178 CT: 214556 BH: 186991 1 8 25.88 ASSUM NAME CK: 156891 CK: 166891 CK: 166891