

Capacity/Title: OWNER

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

D56375

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

02 JUL -8 PM 4:44
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is: A and Company 2. The true name(s) and business address business under the assumed business	s(es) of the entity or individual(s) doing name:	
<u>Name</u>	Complete Address	~ ~ · ~ A
Alama L. Alleuder	GODINGCHESTRUT DE BOIR, ID	83764
3. The general type of business transact	ed under the assumed business name is:	
Wholesale Trade Construct Services Agricultu Manufacturing Mining Finance, Insurance, and Real E 4. The name and address to which future correspondence should be addressed Alana Allender 6021 N. Chestnut Dr. Buise 10 83704	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State	
5. Name and address for this acknowle copy is (if other than # 4 above):	dgment Phone number (optional):	
	Secretary of State use only	· <u> </u>
Signature: Name: ALAINA ALLENDER		TATE 5 = 00 1: 476147