

Capacity/Title: OWNer

(see instruction #8 on back of form)

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

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

2007 APR 11 PM 12: 10

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

SECTEMBY OF STATE STATE OF IDAHO

	SIMIL OF IDATIO
1. The assumed business name which the undersigned business is: Superior Discless	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: Name Ine Talk Shop L.L.C. 7215 WHT 09 Bois	Complete Address FRANKLIN ROAD
3. The general type of business transacted under the a Retail Trade	
COPY is (if other than # 4 above):	Secretary of State use only
Signature: Megan Arno Printed Name: Megan Arno	IDAHO SECRETARY OF STATE 4/11/2002 05:00