

## **CERTIFICATE OF ASSUMED BUSINESS NAME** Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

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SECRE OF UF STATE STATE OF IDAHO

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

business is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam  Name  SUVANA ROS	of the entity or individual(s) doing e: <u>Complete Address</u> <u>2694 N. HORROW AVE.</u> <u>30182 10AHO, 83713</u>
<ul> <li>Wholesale Trade</li> <li>☐ Construction</li> <li>☐ Agriculture</li> <li>☐ Manufacturing</li> <li>☐ Mining</li> </ul>	and Public Utilities  Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  2694 N. MORROW AVE.  BOICE NAME, 83713	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
Signature: fure of Ros  Printed Name: SUVASA ROS  Capacity/Title: Ou +1 ER  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  10/13/2005 05:00  CK: CASH CT: 158010 BH: 916705  1 0 25.00 = 25.00 ASSUM NAME # 2