

Printed Name:

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.

04 NOV 16 AM 11: 57

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is:    S	d use(s) in the transaction of urant ariental Cursine
2. The true name(s) and <u>business</u> address(es) of the elements under the assumed business name:  Name  Rong grun Kim  Rong gr	entity or individual(s) doing  Complete Address  Rox 190316  se JD 83719
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Soise ID 83704	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature:	Secretary of State use only  D 81953

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IDAHO SECRETARY OF STATE

11/16/2004 05:00

CK: 2159 CT: 158810 BH: 776840

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