CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHOFILED/ERFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned 11 30 All 100

The assumed busines business is:		e undersigne		on of	
/R	EE WOR	Ks			
business under the as	ssumed business			ng	
<u>Name</u>			Complete Address		
Michael Gou	ldek	4463	Bloom st Bois		
				83703	
3. The general type of be (mark only those that apply		ed under the a	assumed business nam	e is:	
Retail Trade Wholesale Trade Services	Manufact Agricultur Construc	re 🔲	Transportation and Pu Finance, Insurance, and Mining		
The name and address correspondence shou	ld be addressed:		mber (optional):		
1963 BLOOM ST Boise Id, 83705			Submit Certificate Assumed Business Name and \$20.00	S	
5. Name and address fo copy is (if other than # 4 abo	~	 gment 	Secretary of State 700 West Jefferso Basement West PO Box 83720 / Boise ID 83720 00 208 334-2301	n /	
			Secretary of State use	e only	
		12/99	IDANO SECRETARY OF STA	•	
ature: Mushal	Youlde	Revision 12/99	02/04/2000 0	-	
alule. 1/1000-1	1 comment	-	1 8 98 88 - 98 88 ACC		

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Sig Printed Name: Michael Goolden

Capacity:___ OWNER

(see instruction # 8 on back of form)