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.

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

MARAPR 30 AM 8:40

STATE OF DAYS PATE

Haneke, Natura The true name(s) and business address(es) of	
business under the assumed business name: Name Janua Haneke	Complete Address 21645 Gull Cove Ave Meridian ID 83442
. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Haneke, Naturally 2164 S Gull Cove Ave Meridian ID 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 208 941-1754
	Secretary of State use only

IDAHO SECRETARY OF STATE

04/30/2003 05:00

CK: 88836680185 CT: 158018 BH: 677744

1 0 25.00 = 25.00 ASSUM NAME # 2