	CERTIFICATE OF ASSUME (Please type or print legibly. See	ED BUSINESS NAME CT	IVE
	gives notice of adoption of all Assa	Code, the undersigned THE 2. 31 med Business Name ARY OF STATE	
1.	The assumed business name which the under business is:	DENIET VEV	
2.	The true name(s) and business address(es) o business under the assumed business name i	of the entity or individual(s) doing is/are:	-
	Erik Javier Bosing 19	Complete Address O3 Blacks St Caldwell ID 8	- 3¢oi
3.	The general type of business transacted unde	er the assumed business name is:	-
	□ Retail Trade □ Manufacturing □ Wholesale Trade □ Agriculture ☒ Services □ Construction	☐ Transportation and Public Utilitie ☐ Finance, Insurance, and Real Es ☐ Mining	
4.	The name and address to which future Pho correspondence should be addressed:	ne number (optional):	-
	1903 Blame St Caldwell ID 83605	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	12/99	Secretary of State use only IDANO SECRETARY OF STATE	
Signatu	Revision 12299	on note 511 153617 phi 303331	
Printed Capaci	ty: Owner (see instruction # 8 on back of form)	1 8 20.80 = 20.80 ASSUM NAME # 2	
	(see instruction # 8 on back of form)	0 40841	