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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed I Please type or print legibly. NOTE: See instructions on reverse befor 1. The assumed business name which the un	S NAME the undersigned APR Business Name. PH 2: 3 STATE OF OF STATE OF
business is:	DALTON GARNONS
2. The true name(s) and business address(es business under the assumed business nam Name JuliA A. ROSE	e) of the entity or individual(s) doing ne: Complete Address PO Dox 311 POST FALLS, IN 83857
<ul> <li>Wholesale Trade Construction</li> <li>Services Agriculture</li> <li>Manufacturing Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed:</li> <li><u>Juuia A-Rose</u></li> <li><u>Pusca Plus of Daubal 6</u></li> </ul>	APLANCE VIIIITIES
CDETUR D'AUENE, IN Signature: Chi A. Port (signature required) Printed Name: JALJA A. ROSE INGO SECONT Capacity/Title: OWNER (see instruction # 8 on back of form)	Sign of State         Image of State           Image of State         Image of State