FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 FEB 20 PM 4: 54

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the undersign	gned use(s) in the transaction of
business is: Le Cog. Rouge	2
TE CON TOUGH	
2. The true name(s) and business address(es) of the	he entity or individual(s) doing
business under the assumed business name: Name A	Complete Address
\cdot \cdot \cdot \cdot \cdot \cdot	2 S. Granite Way
L Tretora 3	()
	OLE 10 837192
3. The general type of business transacted under t	he assumed business name is:
▼ Retail Trade	Public Litilities
Retail Trade Transportation and Wholesale Trade Construction	Tublic dulides
Services Agriculture	Submit Codificators
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720
352 S. Gonitalian	Boise ID 83720-0080
BOISE 10 83712	(208) 334-2301
E Name and address for this polynomial arrest	
Name and address for this acknowledgment copy is (if other than # 4 above):	
oopy to (notice disting 4 above).	
	Secretary of State use only
	occionary of state and only
Sodiu	
Signature:	· ·
Signature: (elgnature required) Printed Name: Treford Capacity/Title: Owner	IDAHO SECRETARY OF STATE B2/23/2009 05:00
Swings and Aller	02/23/2009 05:00 CK: CASH CT: 15M19 MH: 11703
Capacity/Title: Dwe C	1 @ 25.00 = 25.00 ASSIM MANE

D 128461