

Printed Name: MU

(see instruction # 8 on back of form)

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 OCT 19 AM 10: 54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECHIER OF STATE
STATE OF IDAHO

The assumed business name which the undersign business is:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name Squado B	e entity or individual(s) doing Complete Address Complete Address Complete Address Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: MANSO SALCOCO BURY WHALLIANTER BUSINESSE WO 1857-09	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): 83014656
gnature: MMW LAWGO 500	Secretary of State use only

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IDAHO SECRETARY OF STATE
10/19/2005 05:00
CK: CASH CT: 158010 BH: 917752
1 0 25.00 = 25.00 ASSUM NAME # 2

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