

## 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.

(see instruction # 8 on back of form)

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SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address(es business under the assumed business name Name	s) of the entity or individual(s) doing ne: Complete Address
Sarah Bircher	926 N. Ronald In, Post Falls, ID 83854
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  226 N. Ronald La Part Falls, FD 83854	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above).	ent
	Secretary of State use only
gnature: Sarah Bircher	IDAHO SECRETARY OF STATE  11/03/2008 05.
apacity/Title:	IDAHO SECRETARY OF STATION OF STA

CK: 2235 CT: 158018 BH: 1142691 1 0 25.00 = 25.00 ASSUM NAME # 2