

Capacity/Title: MANH GER

(see instruction # 8 on back of form)

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 MAY 18 PM 4:42

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETAL OF STATE STATE OF IDAHO

87946

1. The assumed business name which the undersigned business is: ABC TRANSLATION	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name EUNICE NJIRAINI MIRIAM NJIRAINI	entity or individual(s) doing Complete Address 1803 ESSEY AUE. Calc
3. The general type of business transacted under the Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 1803 Ssy Ave	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: ### Signature required Signature requi	IDANO SECRETARY OF STATE ### 155/19/2005 ### 196 ### CK: 94 CT: 158818 BH: 811196 1 8 25.88 ## 25.88 ASSUM NAME # 2