## CERTIFICATE OF ASSUMED BUSINESS NAME FILED (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

Juny Monaret 259 SE.  Jenna Monaret Pora 349 2919 N. D.  The general type of business transacted under the as	tity or individual(s) doing  Complete Address  AIVA NEW ALYMOUTH NO 836  I BOISE ID 83403  20fon Ln, Boise , ID 83404
The true name(s) and business address(es) of the entitle business under the assumed business name is/are:  Name  Juny Monard  Popa 349  2919 N. D.  The general type of business transacted under the as	Complete Address  BIVE NOW BLYMOUTH 10 836  1. BOISE ID 83703  20fon Ln, Boise, ITD 83704
business under the assumed business name is/are:  Name  JUNY MONGRIFF  259 S.F.  PORO 349  2919 N. D.  The general type of business transacted under the as	Complete Address  BIVE NOW BLYMOUTH 10 836  1. BOISE ID 83703  20fon Ln, Boise, ITD 83704
Juny Monaret 259 SE.  Jenna Monaret Pora 349 2919 N. D.  The general type of business transacted under the as	AIVA NOW ALYMOUTH NO 836 I BOISE ID 83903 acton Ln, Boise, ID 83704
The general type of business transacted under the as	
The general type of business transacted under the as	sumed business name is:
(mark only those that apply)	' 1
☐ Wholesale Trade ☐ Agriculture ☑ Ⅰ	Transportation and Public Utilities Finance, Insurance, and Real Esta Mining
The name and address to which future Phone number correspondence should be addressed:	ber (optional): (208)278 5779
JUDY MONCRIFF  ZEGI SE BLYD.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
NEW PHINDUIH ID 83655	Secretary of State
Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDANO SECRETARY OF STATE
ure: July Monoruf	01/27/1999 09:00 CK: 1368 CT: 110234 BH: 182351
Name: JUNY MONCRIET &	1 9 26.66 = 26.66 ASSUM HAME # 2

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Capacity: BUSINESS MANAGER (see instruction # 8 on back of form)