

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2004 DEC 22 PET 8: 48

STATE OF LORIS

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undbusiness is:	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name  VIVIAN AND RAIGH HOSKINSON	of the entity or individual(s) doing :: Complete Address ชิเริว ดี Dans ผม เพาะยเกษา เกาะเกษา เกาะเกษา
3. The general type of business transacted under 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:    Vivia   Part   Hotekinson   E157 S Druskin LN   MEIDIAN   TD   E3642   5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
Signature.  Signature (signature rejured)  Printed Name:  Capacity/Title:  (see instruction # 8 on back of form)	Secretary of State use only    Composition   Composition