



Capacity/Title: Ow

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2006 JAN 25 AM 8: 55

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

SECRETARY OF JUNE STATE OF 10 MED

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

business is:	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:  Name  Shandolo Kestie  Two	entity or individual(s) doing  Complete Address  Washington St. So. #34  Din Falls ID 83301
3. The general type of business transacted under the a	assumed business name is:
Retail Trade	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
gnature: Standolo Kostie (signature required)	THANN SECRETARY OF STATE

IDAHO SECRETARY OF STATE

01/25/2006 05:00

CK: 1939 CT: 158010 BH: 934860

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