

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECT

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

04 APR -7 PM 3: 44

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

| The assumed business name which the under business is: | |
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| THE FIET AND COME | , 223 |
| 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name DR PHAL DOD | Complete Address |
| 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: 1689 Shore 1890 1 | 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 |
| Signature: Signature: (signature required) Printed Name: Capacity/Title: CEOLOWNER | Secretary of State use only Company Compa |