

CERTIFICATE OF

Fig to the control of ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersimed 07 21 am 9: 14

Please type or print legibly.

(see instruction # 8 on back of form)

		- U 1
NOTE:	See instructions on reverse before filing	STAT

SECRETARY OF STATE

D93843

NOTE: GOO MON GONONS ON TOTAL OF SOLICIT	<i>-</i>	STATE OF IDAHO
The assumed business name which the under business is:		·
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Solly		Complete Address 570 Bell Drive 4/4 intermin 10 83340 70 Bex 4223
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining		
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Soly Soly Po Box 4223 Lifehum ID 83340		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt	Phone number (optional):
Signature: Signature: Signature: Capacity/Title: Signature requied: Signature req	corpiforms labn forms labn p65 Revised 04/2XXX3	Secretary of State use only IDAHO SECRETARY OF STATE 11/22/2055 05:00 CK: 3760274448 CT: 158010 BH: 923339 1 8 25.00 = 25.00 ASSUM NAME # 2