	ICATE OF	FILED EFFECTIV
	BUSINESS NAME 504, Idaho Code, the undersigned	09 MAY 18 AM 10: 10
submits for filing a certifi	icate of Assumed Business Name.	
Please type or NOTE: See instructions		STATE OF IDAHO
 The assumed business nam business is: 	ne which the undersigned us	e(s) in the transaction of
, _	Made	
The true name(s) and busin business under the assume		v or individual(s) doing
Name	C	omplete Address
Karn Sischer	ne Rt21	BIX 33 A, Hoca tello,
		8320
3. The general type of busines	is transacted under the assu	med business name is:
🛛 Retail Trade] Transportation and Public L	Jtilities
Wholesale Trade		
Services Manufacturing		Submit Certificate of Assumed Business
Finance, Insurance, a	-	Name and \$25.00 fee to:
4. The name and address to w		Secretary of State
correspondence should be a		700 West Jefferson Basement West
Native Made		PO Box 83720
<u>RF2 BAK 331</u>		Boise ID 83720-0080 208 334-2301
Porarellojali	20202 -	
 Name and address for this copy is (if other than # 4 above). 	acknowledgment P	hone number (optional):
	······	Secretary of State use only
,		
Signature: Jani H. ulu	Ching the	
Printed Name: A CALL	According to the second	
0	The service of the se	IDAHO SECRETARY OF STATE
Capacity/Title: (see instruction # 8 on back of for	8	CK: 1483 CT: 156818 BH: 117 1 8 25.66 = 25.66 ASSUM NA
		DIANANA
		D130809