

Capacity/Title: OWNET

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

09 OCT 23 PM 1: 14

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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

business is:  SATE ! life HEY	MIS QUART R RS
The true name(s) and business address business under the assumed business no Name  Joskeph Goldberg  MAHlica Goldberg	
Retail Trade Transportate Wholesale Trade Construction Services Agriculture Manufacturing Mining	tion and Public Utilities on Submit Certificate of Assumed Business
Finance, Insurance, and Real Esta  The name and address to which future correspondence should be addressed:  SAME	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledg	(208) 334-2301 gment
COpy is (if other than # 4 above).	Secretary of State use only
nature: Alexandria required and state of the same of t	- See CONTROL

10/23/2009 05:00 1: 325682 CT: 172899 BH: 1192446 8 25.60 = 25.80 ASSUN NAME # 2