



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE
02 APR -5 AM 10:48

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

ARTAHO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Ed SANGALLI

6090 N. WIDGEON WAY
BOISE, IDAHO 83714

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-377-9098

Ed SANGALLI
6090 N. WIDGEON WAY
BOISE, IDAHO 83714

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Edward P. Sangalli

Printed Name: Edward SANGALLI

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 1/88

\$ corp/instr/assump, 365

IDAHO SECRETARY OF STATE
04/05/2002 05:00
CK: 1273 CT: 158010 BH: 457340
1 @ 20.00 = 20.00 ASSUM NAME # 2

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