



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 JUL -1 AM 9:07

SECRE BY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the under business is:	
2. The true name(s) and <u>business</u> address(es) of	of the entity or individual(s) doing
business under the assumed business name: Name	Complete Address
- Mrista Wien	4602 Sourtooth Chubback, Id 83102
3. The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture	nd Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720
Chubback, ID 83202	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature:	·
Printed Name:	
Capacity/Title: OUNCX	
Signature:	IDAHO SECRETARY OF STATE
Printed Name: Capacity/Title:	07/01/2011 05:00 CK: 401 CT: 150010 BH: 1200668 1 0 25.00 = 25.00 ASSUM NAME N 2

abri.pmd Rev. 07/2010

D148696