## CERTIFICATE OF

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address  S402 N. Parkwood Cre  Correspondence of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities  Wholesale Trade  Construction  Services  Agriculture  Manufacturing  Mining  Finance, Insurance, and Real Estate  Mename and address to which future correspondence should be addressed:  AT  Southern  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720	week	De Soto Delivery & Errand Service
Retail Trade	<u>e.</u>	Name Complete Address  T. Southern 5402 N. Parkwood CR
Coeur L'ALENE 1D 83815 208 334-2301		Retail Trade
Name and address for this acknowledgment Phone number (optional): copy is (if other than # 4 above):		ne and address for this acknowledgment Phone number (ontional)

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(see instruction # 8 on back of form)

25.88 = 25.88 ASSUM NAME #