Capacity: <u>Owner</u>

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)			
	To the SECRETARY OF STATE, STATE OF IDAHO Jun 4 12 24 PN '95  Pursuant to Section 53-504, Idaho Code, the undersigned  gives notice of adoption of an Assumed Busines			
	1. The assumed business name which the undersigned use(s) in the translation of business is:			
	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 Scott	Cor	row Head Dr. South	
	Cheryl A Scott	Namy	na, ID. 83686	
3.	. The general type of business transacted under the assumed business name is:, (mark only those that apply)			
	☐ Retail Trade       ☐ Manufacturin         ☐ Wholesale Trade       ☐ Agriculture         ☐ Services       ☐ Construction	Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning	
	4. The name and address to which future Phone number (optional): 888-557-534 correspondence should be addressed:			
	SOF ArrowHead Dr. Sou	76	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Nampa, JD, \$3686  Name and address for this acknowledgme copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720	
			Boise ID 83720-0080 208 334-2301	
Signatu	re: W/h	Revision 1/86	26/18/1999 (39:08) : 111526649 CT: 116421 MH: 224506 1 0 20.00 = 20.00 ASSUM MARK # 2	
_	Name: George Scott	590'	D 26761	