

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

301

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name MAR 22 PH 12: 18

Please type or print legibly.

NOTE: See instructions on reverse before filing.

	STATE OF IDAHO
1. The assumed business name which the	undersigned use(s) in the transaction of
business is:	
Sir Smoke Alot	Novelties
2. The true name(s) and <u>business</u> address business under the assumed business in Name  Tomas Quiros  OLiver Mesin	name: <u>Complete Address</u>
3. The general type of business transacted	d under the assumed husiness name is:
Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	stion and Public Utilities on Submit Certificate of Assumed Business
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
128 MAIN AVENUE North	PO Box 83720
Twin falls 10. 8330	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg	ment Phone number (optional):
CODY IS (if other than # 4 above):	(208) 410 - 1315
259 PHEASANT RD W #7-	7
Twin falls ID 83301	Secretary of State use only
inature: - luino Win 1	Separation 1969

Printed Name: Tomas Quiroz & OLiver Capacity/Title: Partier

(see instruction # 8 on back of form)

IDANO SECRETARY OF STA

IDAHO SECRETARY OF STATE

03/22/2006 05:00

CK: 779727695 CT: 158810 BH: 944839

1 8 25.80 = 25.80 ASSUM HAME # 2

D97846