

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

1. MOV - 7 AH II: 37

STATE OF IDAHO

D 59738

<u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing.

The assumed business name which the under business is:      Noads Pain	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Lose Chlon	of the entity or individual(s) doing  Complete Address  Complete Address  Complete Address  Complete Address  Complete Address
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  Rose Chlon  Rose So Chestrut  Manya Td \$3676	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: Loze Chlon  Printed Name: Rose Chlon  Capacity/Title: Dwn (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  11/07/2002 05 = 00  CK: 1399 CT: 158010 BH: 644890  1 0 20.00 = 20.00 ASSUM NAME # 2