	CERTIFICATE OF ASSU (Please type or print legibly.	UMED BUSINESS NAME y. See instructions on reverse.) TATE OF IDAHO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	To the SECRETARY OF STATE, ST. Pursuant to Section 53-504, logives notice of adoption of an	Idaho Code, the undersigned
4	The assumed business name which the	
1.	business is:	e undersigned use(s) in the wansaction of
	Triangle D'Kanel	
	Thank b Marie	
2.	The true name(s) and business address(business under the assumed business named	
	Name	Complete Address
	Stephen K. Daniels	12213 So. Cloverdale Kuna, Is 8363
	Shellee S. Daniels	12213 So. Cloverdale Kuna, Io 8363
3.	The general type of business transacted (mark only those that apply)	d under the assumed business name is:
	 ☐ Retail Trade ☐ Wholesale Trade ☐ Services ☐ Construction 	e
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): 362-6361
	Steve Daniels	Submit Certificate of
	12213 So. Cloverdale	Assumed Business
		- Name and \$20.00 fee to:
	Kuna, Ldaho 83634	Secretary of State
5	Name and address for this acknowledgm	700 West Jefferson ment Basement West
0.	COPY IS (if other than # 4 above):	PO Box 83720.
		Boise ID 83720-0080
		208 334-2301
		IBANO SECKET SKY OF UST ATELY
		CK: 1538 CT: 129325 MI; 385784
Signatu	ure: Starting to ala-	1 # 20.00 = 20.00 ASSUM NAME # 2
_	Name: Stophen R. Daniels	9
		- 34676
Capac	ity: <u>Uwner</u>	_ <u> </u>

(see instruction # 8 on back of form)