

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 09 MAY -6 AM 8: 36

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(es business under the assumed business nam Name	e:	y or individual(s) doing	
AUA FUQUA	11032 W	AUTAIR, STAR, II	> 83669
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction		in the second	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
ALIA FUQUA 11032 W. ALTAIR 6702 D. 83669		(208) 334-2301	
5TAR, ID 83669 5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt		
		Secretary of State use only	y
	g'korptformstebn formstebn.p65 Revised 04/2003		

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