

Capacity/Title: Ougne/)

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

D 73906

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Nation MAR -8 AM 9: 03

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the under business is:	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  Tasha Darby  Hurt Darby	
3. The general type of business transacted und	ler the assumed business name is:
Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Tasha Darby  30o7 Shadow C+  Creus di Alene Td 83815	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgmer copy is (if other than # 4 above):</li></ol>	Phone number (optional):  (208) 676-8043
	Secretary of State use only
Signature: <u>Jaska May</u> (signature syldred) Printed Name: <u>Jaska Dashy</u>	IDAHO SECRETARY OF STATE  IDAHO SECRETARY OF