	CERTIFICATE OF ASSUM (Please type or print legibly. S	MED BUSINESS NAME FECTION OF IDAHO
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idate gives notice of adoption of an Assertation of an Assertation processes to the section of the section the se	ho Code, the undersigned 12 12 12 12 12 12 12 12 12 12 12 12 12
1.	The assumed business name which the unbusiness is: Paris (auntry 5)	
2.	The true name(s) and business address(es business under the assumed business name Name	
	William Lamar Nay	2183 South Ware St Anrara, (0 80013
	David Kalph Chase	4183 SOUTH WARD St. Amora, 10 50013
3.	The general type of business transacted un (mark only those that apply) Retail Trade Manufacturin Agriculture	g Transportation and Public Utilities
	Wholesale Trade☐ Agriculture☐ Construction	Finance, Insurance, and Real EstateMining
4.	correspondence should be addressed:	Phone number (optional): <u>Jo3 - 745 - 2500</u> Submit Certificate of
	209 So Main St	Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	2183 South Waro Strict	Secretary of State use only
	Anrora, LO 80013	IDAHO SECRETARY OF STATE 99/26/2000 09:00 CX: 2124 CT: 136500 BH: 359761
Signatu	ire: William & N	
Printed Name: \(\(\lambda \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
Capaci	(see instruction # 8 on back of form)	Se 0 3 9 28 2

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