CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the undersigned use(s) in the transaction of business is: The Pain+Works	
	THE PARTITY VIRES	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	James K. Buffalin 403 N.C.	omplete Address Javarn St., Boisc, ID83706
	· ·	
3.	The general type of business transacted under the ass (mark only those that apply)	umed business name is:
	☐ Wholesale Trade ☐ Agriculture ☐ Fi	ransportation and Public Utilities nance, Insurance, and Real Estate ining
4.	The name and address to which future correspondence should be addressed:	Submit Certificate of
	James K Buffalin	Assumed Business
	403 N. Garden St.	Name and \$20.00 fee to:
	Boice ID 83706	Secretary of State
_		700 West Jefferson Basement West
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080
		208 334-2301
		IDOUG SECRETARY LINE STATEMY
	on 2/97	04/06/1999 09:00 CK: none CT: 113676 BH: 284457

Signature: Kros K Bullalin

Printed Name: James

Capacity: DWINEY

(see instruction # 8 on back of form)

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