

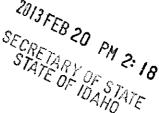
Capacity/Title: _Owi_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of application.



	DAHOATE
1. The assumed business name which the ubusiness is:	indersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name Andrea Longona Scott Rognia	es) of the entity or individual(s) doing time: Complete Address 704 W. 4th St. KUMTEL 8634
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of
4. The name and address to which future correspondence should be addressed: 704 W. UM KUNA JU SUBJU	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Andrea Longoria Capacity/Title: Owner 100	Secretary of State use only
Signature: Leveli Rayli	IDAHO SECRETARY OF STATE 02/20/2013 05:00 CV. COCU. CT. 158418 DV. 1341939
Printed Name: Scott Rognize	CK: CASH CT: 158010 BH: 1361030 1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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