

CERTIFICATE OF ASSUMED BUSINESS NAME

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

for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILLD EFFECTS

06 MAY -3 AM 10: 13

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is: WORMS Lown Care	
2. The true name(s) and business address(es) or business under the assumed business name: Name	the entity or individual(s) doing Complete Address 2922 Sunflower Dr. Nampa, Id 83686
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Texemy Waxe 7977 Sunflower Dr. Nam pa, Id. 83686	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 461-9634
	Secretary of State use only
Printed Name: Jeremy Ware	IDAHO SECRETARY OF STATE 95/93/2996 95:99
(see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 95/03/2006 05:00 CK: 795222 CT: 172099 BH: 952677 1 0 25.00 = 25.00 ASSUM NAME # 2