

Signature:<u>は*J*な</u>り火ル

Capacity/Title: (vd minist

(see instruction #8 on back of form)CKSISTOUT

Printed Name: 90

CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 FEB -5 PM 1:07

SECREMAN OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es) of the business under the assumed business name:	ie
Name Gabrielle Gardner 370 No	Complete Address H Ringneck Dr Mpa (TD 83686)
Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: The name and address for this acknowledgment copy is (if other than # 4 above):	
. V1 4 87 V /	Secretary of State use only

sed 04/2003

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