227	
CERTIFICATE OF ASSI	UMED BUSINESS NAME y. See Instructions on reverse.)
To the SECRETARY OF STATE, ST Pursuant to Section 53-504, I gives notice of adoption of an	Idaho Code, the undersigned
1. The assumed business name which the	undersigned use(s) In the transaction of
business is:	alennzinet
is As	J. ————————————————————————————————————
2. The true name(s) and business address business inder the assumed business n	
Name	Complete Address
DE DEGION	PORON 2402-NOCOIL 83/28
E Vatto Ston	TOPOX HAD TO HOLD BEFOR
3. The general type of business transacted	Lundor the open med business are in
(mark only those that apply)	
💹 Retall Trade 🔲 Manufactur	ring Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Constructio	
The name and address to which future	Phone number (optional): <u>208: 634-603/</u>
correspondence should be addressed:	Thore number (optomen).
Kelly & Dana Gleun	Submit Certificate of
PO PA 3403	Assumed Business Name and \$20,00 fee to:
WCall 10 85638	Secretary of State
5. Name and address for this acknowledgm	
SHULLING SANK	PO Box 83720 Boise 1D 83720-0080
FAY please	208 334-2301
208.634.7244	Secretary of State uses only
Signature: Dounce Allenn	
Printed Name: DVANA D. FILPINA	
Capacity: CYDDER	

IDAHO SECRETARY OF STATE 12/05/2001 05:00 CK: 551 CT: 154285 BH: 432865 1 8 28.00 = 28.00 ASSUM NAME # 2

