

Printed Name:

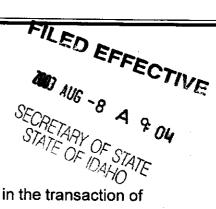
Capacity/Title: 1

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



	"CAHO"E
The assumed business name which the undersigned business is:	d use(s) in the transaction of
Hair WE ArE	
The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Justin Milracken 339	blueine cir Revourg Ed 83
mike McCracken Box 3	33 . Couly , wy 82420
	2 1 222 1 2 2 4 2 0
The general type of business transacted under the a	
Retail Trade Transportation and Pub	DIIC Utilities
☐ Wholesale Trade ☐ Construction	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
12./	Basement West
- 134 W Main 31.	PO Box 83720 Boise ID 83720-0080
Kex Jung Id 83440	208 334-2301
. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above).	(p. 2.1.2./).
7201 1 - 10 1 -	
1 24 ruping Cir	
Nexburg Id.	Secretary of State use only
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IDAHO SECRETARY OF STATE

@8/@8/2003 @5 = 200

CK: 1160 CT: 158810 BH: 695355
1 9 25.00 = 25.00 ASSUM NAME # 2

D:67789