Signature: Alba Amm

(see instruction #8 on back of form)

Printed Name: <u>Lebra</u>

Capacity: OWNEY



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned AY 10 AM 8: 46 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE

Unlimited 1	15A
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
\overline{D}	Falls # 116
100	on talls, ID 83301
The general type of business transacted under t	he assumed husiness name ic
and general sypt of business that the system and the	
Retail Trade Transportation and	Public Utilities
☐ Wholesale Trade ☐ Construction	- 1
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
·	
	Connection, of Other
	Secretary of State
The name and address to which future correspondence should be addressed:	700 West Jefferson
correspondence should be addressed:	700 West Jefferson Basement West
	700 West Jefferson
Debra Denny 180 Falls # 116	700 West Jefferson Basement West PO Box 83720
correspondence should be addressed:	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Debra Denny 180 Falls # 116	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Debra Denny 180 Falls # 116 Twin Falls ID 83301	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Debra Denny 180 Falls # 116 Twin Falls ID 83301 Name and address for this acknowledgment	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

IDAHO SECRETARY OF STATE 05/10/2002 05 = 00 CK: 99748911545 CT: 158810 BH: 464945 1 0 20.00 = 20.00 ASSUM NAME # 2

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