

CERTIFICATE OF ASSUMED BUSINESS NAME

FUTTOTECTIVE

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.

02 MAY 28 PN 12: 43

STATE OF IDAHO

D55305

 The assumed business name which the under business is: 	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name ROBERT MENSONIDES KAMI MENSONIDES 3	of the entity or individual(s) doing Complete Address Sol 3 WESTVIEW LN NAMPA IN 83686
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Robert Mensonides Robert Mensonides	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmen copy is (if other than # 4 above).	Phone number (optional): <u>Ψωι - ΨΠζ δ</u>
	Secretary of State use only
Printed Name: POBERT MENSONIDES Capacity/Title: PRELIDENT (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE ### ### ### ### ### ### ### ### ######