CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE 07 JUN 12 PH 4: 16

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE .

		STATE OF I	
The assumed business name which the business is:		use(s) in the transaction of	
Wholesale Hook	UD		· ·
2. The true name(s) and business address(/oo\ af the en	والمسالم والمناف	
The true name(s) and <u>business</u> address(business under the assumed business n	ame:	icity or individual(s) doing	
<u>Name</u>		Complete Address	
Aleki Matua	8196 E	: Waterstone ct Namos	ID 8368
3. The general type of business transacted	under the se	annum and broading and a second	
3. The general type of business transacted	under the as	ssumed business name is:	
Retail Trade Transportati	ion and Publi	ic Utilities	
Wholesale Trade 🔲 Construction			
☐ Services ☐ Agriculture		Submit Certificate of	
☐ Manufacturing ☐ Mining		Assumed Business	
Finance, Insurance, and Real Esta	te	Name and \$25.00 fee to:	
4. The name and address to which future		Secretary of State	
correspondence should be addressed:		450 North 4th Street PO Box 83720	
Aleki Matua	_	Boise ID 83720-0080	
8196 5. Waterstone ct		208 334-2301	:
Mampa, ID 83687			1
5. Name and address for this acknowledge	nent	Phone number (optional):	v.
CODY IS (if other than # 4 above):			
		Secretary of State use only	
	_ 6	10 to	
Day 1	9d uda		
ignature: (signature required)	4/2000	IDAHO SECRETAKY OF	STATE
rinted Name: <u>H/eLi Mat ua</u>	corplomstatin formstatin p65 Revised 04/2003	UG/13/2007 CK: CASH CT: 15ANIR R	05 ± 00
apacity/Title: <u>Owner</u>	Republic	1 0 25.00 = 25.00 AS	SUN NAME # 2
(see Instruction # 8 on back of form)	a		

D1/2333