227



Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 NOV 16 AM 8: 25

SECRET BY OF STATE STATE OF IDAHO

143491

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersign business is:	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Avacla Hilkmon	Complete Address 132 Magnolia Ave Twin Falls 130 8330 l
3. The general type of business transacted under the 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: Angla Hilkmon 438 Wagnilia Jul Tulin Falls, Lb 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	
Signature:	Secretary of State use only IDAHO SECKETARY OF STATE 11/15/2010 05=00
Printed Name:	CK: 58742907620 CT: 158010 BH: 12473 1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010