

Printed Name:

Capacity/Title:

(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.

FILED EFFECTIVE

11 MAR 21 AM 8:59

SEGR: -5Y OF STATE STATE OF IDAHO

| NOTE: See instructions on reverse before filin | 9. STATE OF IDAHO |
|--|-----------------------------|
| 1. The assumed business name which the undersign business is: Quantity quom, ng . Sa | |
| The true name(s) and business address(es) of the business under the assumed business name: Name | |
| 3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Light Propring Salar 145 F Hair Tale 1320 145 F Hair Tale 1 | |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): |
| Signature: | Secretary of State use only |