227	FII.
CERTIFICATE OF ASS (Please type or print legibly	UMED BUSINESS NAME y. See instructions on reverse.)
To the SECRETARY OF STATE, S Pursuant to Section 53-504, gives notice of adoption of ar	Idaho Code, the undersigned
 The assumed business name which the business is: 	e undersigned use(s) in the transaction of AHON
2. The true name(s) and business address business under the assumed business Name	
	1216 N. Henry St., Post Falls ID \$3854
3. The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	e Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 205-773-9439
Kevin Shaughnessy 1216 N. Henry St.	- Submit Certificate of Assumed Business Name and \$20.00 fee to:
Post Falls, JD 83854 5. Name and address for this acknowledge copy is (if other than #4 above): Same as above	- Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 - 208 334-2301
	Secretary of State use only
Nº Stul	IDAHO SECRETARY OF STATE
Signature: The Bypy Printed Name: Kevin Shanghnessy	1 227 L1: 125301 BH: 288989
Capacity: <u>BropCietor</u> (see instruction # 8 on back of form)	- D32923