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## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

12 JUN -5 PM 12: 01

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is:  SHICKS AND SHOPES	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Name  Name	the entity or individual(s) doing  Complete Address  LUBSIVEY RIVEY (OUP)  AMPA, ULL R368 (O
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:  Tana Camps - Hnana  11 68 5 10ev River 1000  Nampa, Jd 83686	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):	
	Secretary of State use only
Signature:	
Printed Name: Dana Campos-anala	
Capacity/Title: <u>OWNER</u>	IDAHO SECRETARY OF STATE
Signature:	CK: 5576 CT: 158010 BH: 1326941 t 8 25.80 = 25.08 ASSUM NAME # 2
Printed Name:	
Capacity/Title:	D156087
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