H AUG 22 AM 9: 29

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

SECRETARY OF STATE

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Busin	ness Name.
Please type or print legibly.	
Instructions are included on back of applica	ation.
The assumed business name which the under business is:  NouciSH Your	rsigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name:  Name  PADI ANCE 106A, UC 20	f the entity or individual(s) doing  Complete Address  S Mkin St - Moscow, 10 83643
3. The general type of business transacted unde  Retail Trade Transportation ar  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	<b>5</b>
4. The name and address to which future correspondence should be addressed:  ATIMICA, YOGA, UC  317 N HAYES ST  Woscow, ID 83843	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: Whek H WE KINNEY  Capacity/Title: WHUTGER	
Signature:	
Printed Name:	
Capacity/Title:	IDAHO SECRETARY OF STATE
abn_pmd Rev. 07/2010	

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