## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

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Please type or print legibly. Instructions are included on back of application. SECRETARY OF STATE OTATE OF STATE

	SIAIE UT IVATU
1. The assumed business name which the u	indersigned use(s) in the transaction of
business is: Four Pauls Gr	2222
- FOUL Palus GI	EXIMICA
The true name(s) and <u>business</u> address(e business under the assumed business name).	
<u>Name</u>	Complete Address
Rona Shoolroy	41742 N main Haileg 1D 83333
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture	on and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business e Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Rona Shoolfou  417 /2 N. Main	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature Pas Shvoloy	Secretary of State use only
Printed Name: Roma Malabahan Shoolia	oy
Capacity/Title: Otoner	.J
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	11/23/2012 05:00 CK: 632025 CT: 276505 BH: 1346614
Canacity/Title:	1 @ 25.00 = 25.00 ASSUM NAME # 2

Capacity/Title: