

Printed Name !!

Capacity/Title:

(see instruction # 8 on back of form)

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.

1 FEB - 3 FA 3: 44

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SLO ESTATE STATE OF IDEHO

2. The true rusiness	under the assumed bu	address(es) of the siness name:	entity or individual(s) doing
.0 - 10	<u>Name</u>		Complete Address
MAR	LEANNI CHRIS	MAW 32	140 W ELMCREEK
			DRIVE
 ;		M=	RDUAN 10 8364
3. The gener	al type of husiness tra	neacted under the	
* * * * * * * * * * * * * * * * * * *	a type of business fra	nsacied under the	assumed business name is:
Reta	ail Trade 🔲 Trai	nsportation and Pu	ublic Utilities
—		nstruction	
☐ Serv		riculture	Submit Certificate of
∐ Man	ufacturing 🔲 Min	ing	Assumed Business
Fina	nce, Insurance, and Re	eal Estate	Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:			Secretary of State
			700 West Jefferson
_			Basement West
175 7	ABOUE	···	PO Box 83720
			Boise ID 83720-0080
-			208 334-2301
5. Name and	address for this ackn	outladare t	Phone number (
CODV is (if	other than # 4 above):	owieagment	Phone number (optional):
100	and than # 4 above).		
125	BRAVE		

INAMO SECRETARY OF STATE 02/03/2005 05:00 CX: CASH CT: 158010 BH: 791845 0 25.00 = 25.00 ASSUM MANE # 2