

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. 2003 MAR -7 PM 1:59

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

The assumed business name which the undersigned business is:      Declared business name which the undersigned business is:	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name:  Name  138  138	entity or individual(s) doing  Complete Address  Colby Gar Boise Id. 837  Colby Care Boise Id. 837
3. The general type of business transacted under the and Retail Trade	
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Boise ID 83720-0080 208 334-2301  Phone number (optional):
	Secretary of State use only
Signature: Signature/required  Printed Name: Kennella (WW) (1988)	IDAHO SECRETARY OF STATE

g:\corp\forms Revis

CK: 1849 CT: 158018 BH: 667236 1 8 20.00 = 29.00 ASSUM NAME # 2

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