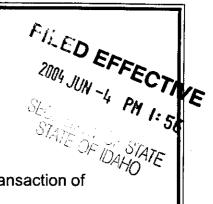
(see instruction #8 on back of form)



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

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



)77021

1. The assumed business name which the un	dersiane	od use(s) in the transaction of	WE.
business is:	idersigne	d dse(s) in the transaction of	
Morganbeech			
$\checkmark$			
2. The true name(s) and <u>business</u> address(es	s) of the $\epsilon$	entity or individual(s) doing	
business under the assumed business nam Name	ne:	Complete Address	
		Complete Address	
Awley J. Webh	199 K	WER LAKE DR., CLARK FORK, ID.	
Hurry J. Webb		95911	
	<del></del>		
<ol><li>The general type of business transacted un</li></ol>	nder the a	assumed business name is:	
Retail Trade Transportation	and Bul	blia I Hilitias	
Wholesale Trade Construction	ranu Fui	Jic Othities	
Services Agriculture			
☐ Manufacturing ☐ Mining		Submit Certificate of Assumed Business	
Finance, Insurance, and Real Estate		Name and <b>\$25.00</b> fee to:	
4. The name and address to which future		Secretary of State	
correspondence should be addressed:		700 West Jefferson	
EM Warranhard		Basement West PO Box 83720	
199 River Lake Dr.		Boise ID 83720-0080	
Mark FORK TD 83811		208 334-2301	
		Dhana numbar ( . t)	
<ol><li>Name and address for this acknowledgme copy is (if other than # 4 above):</li></ol>	ent	Phone number (optional):	
COPY IS (II other than # 4 200Ve).		208-266-1881	
		Considerate of Children and the	
		Secretary of State use only	
	n.p65		
Signature: (signature required)	003	IDANO SECRETARY OF STATE	
Printed Name: Kenneth L. Webb	orp Vorms Vabon forms Vabon, p65 Revised 04/2003	06/04/2004 05 = 06 CK: 541 CT: 179785 BH: 748756 1 0 25.00 = 25.00 ASSUM NAME	<b>a</b>
Capacity/Title: <u>OWNER</u>	[g]		