

## CERTIFICATE OF ASSUMED BUSINESS NAMED/EFFECTIVE

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

May 31 12 45 PM \*01

Please type or print legibly.  NOTE: See instructions on reverse before filing  1. The assumed business name which the undersign business is:  Dings W Scratches	STATE CARLEND
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Roy Oscar Ward  270	entity or individual(s) doing  Complete Address  Carrity # \ Nampa, FD 836
3. The general type of business transacted under the  Retail Trade Transportation and Pour Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Dings W Scratches  2707 Garrity #44	
5. Name and address for this acknowledgment copy is (if other than #4 above):  Same as #4  Signature: Scar Ward Capacity: Owner	Phone number (optional):  (208) 442-6434  Secretary of State use only  IDAHO SECRETARY OF STATE  (55/31/2001 09:00  CK: CASH CT: 147050 BH: 480190  1 8 26.80 = 20.86 ASSUM NAME # 2

(see instruction #8 on back of form)