

CERTIFICATE OF **ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned 2001 Jan 19 All 9: 31 submits for filing a certificate of Assumed Business Name.

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

The true name(s) and business address business under the assumed business n	
Name	Complete Address
LONNIE AND TERESA ELLISON	2597 ROCK CREEK RD HANSEN, ID 83334
The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services X Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: LONNIE AND TERESA ELLISON 2597 ROCK CREEK RD HANSEN, IDAHO 83334	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional): (208) 423–4689
	Secretary of State use only

Printed Name: TERESA ELLISON

(see instruction # 8 on back of form)

Capacity/Title: CO-OWNER

IDAHO SECRETARY OF STATE

01/19/2007 05:00

CK: 3640 CT: 158010 BH: 1027202

1 9 25.00 = 25.00 ASSUM NAME # 2