## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFT CTT

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

iling a certificate of Assumed Business Name. 65 FEB - 5 PM 3: 47

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

or individual(s) doing omplete Address  Franklin 4, Tp 83709  med business name is:
med business name is:
med business name is:
ned business name is:
nunuca
Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
Secretary of State 700 West Jefferson
Basement West
PO Box 83720 Boise ID 83720-0080
208 334-2301
none number (optional):
323-0122
Secretary of State use only

Signature:

(signatur

Printed Mame;

Capacity/Title: Presiden

(see instruction #8 on back of form)

Revised 09/2002

IDAHO SECRETARY OF STATE

02/06/2003 05:00

CK: 414 CT: 158018 BH: 661334

1 8 20.00 = 20.00 ASSUM NAME # 3

D62236