

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

06 FEB - 1 AM 10: 37

The assumed business name which the undersign business is:	Office Of IDEATO
The true name(s) and business address(es) of the business under the assumed business name:	
_ Stephanie R Coyle	Complete Address 1302 Vista Ave. BOLL, 10 83705
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Stephanie R Coyle 5694 S. Schozner Way Boile 10 83716	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 387-0449
	Secretary of State use only
ignature: (signature required) rinted Name: HANA AAA RAYIO	

IDAHO SECRETARY OF STATE

@2/@1/2006 @5 # @0

CX: 3917 CT: 158010 BH: 935443

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