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CERTIFICATE C ASSUMED BUSINES Pursuant to Section 53-504, Idaho Cod submits for filing a certificate of Assume Please type or print legibly NOTE: See instructions on reverse be	SS NAME de, the undersigned red Business Name. y. STATE OF TOACTOR
1. The assumed business name which the business is:	
2. The true name(s) and business address business under the assumed business n Name VALERIE G.ELLIS	s(es) of the entity or individual(s) doing name: <u>Complete Address</u> <u>3330 N. TRIPLE RIDGE PL.</u> <u>EAGLE, ID 83616</u>
 3. The general type of business transacted Retail Trade Wholesale Trade Construction Services Manufacturing Finance, Insurance, and Real Esta 	e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: <u>VALERIE ELLIS</u> <u>3330 NL TRIPLE RIDGE P</u> <u>EAGLE, ID</u> 8.3616	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge	ment Phone number (optional): <u>スロン 9.55 マラン</u>
	Secretary of State use only
Signature: <u>Malerie A. Ellis</u> (septementation) Printed Name: <u>MALERIE G. ELLIS</u> Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	ПОЛО SECRETARY OF STATE В ПОЛО SECRETARY OF STATE ОВ/16/2004 05:0 CK: 10014 CT: 158010 BH: 761 1 8 25.00 = 25.00 ASSUM NAMI