医多类原物 化氯

227

Capacity/Title: Owner

(see instruction #8 on back of form)

Pursuant to Section 53-504, Ideho Code, the undersigned FILED 2002 SEID - 1.

Please from - 1.

PH 2: 03

Please type or print legibly.

ousiness is:	undersigned use(s) in the transaction of
viarias 10	7
The Aure manner of the Aurel and Arrange	as of the entity or individual of differ
The true name(s) and <u>business</u> address(e pusiness under the assumed business nam	say of the ethick of individually desire
Name Name	Complete Address
Cining Stancaster	3665 N 3200 E
	Kimberly Id 88341
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The general type of business transacted u	under the assumed business name is
FZ The annual of the state of the stat	don and Public Utilities
Zi Netali Neto	i i i i i i i i i i i i i i i i i i i
☐ Wholesale Trade ☐ Construction	
☐ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, insurance, and Real Estat	ite Name and \$20.00 fee to:
	Secretary of State
The name and address to which future correspondence should be addressed:	700 West Jefferson
Milespolidelice should be advicesed.	Basement West
Cindy Hancaster	PO Box 83720
3645 N BROOF	Boise ID 83720-0080
Fin Berly In 83341	208 334-2301
Name and address for this acknowledge	ment Phone number (optional):
CODY 18 (If other than # 4 above):	209 736-0939
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	Secretary of State upon orbit
	Secretary of State use only
	Secretary of State use only

IDAMO SECRETARY OF STATE 29/04/2002 05:00 CK: 685984167 CT: 158618 BH: 486295 1 2 28.88 ASSUM NAME # 2