

Printed Name:

Capacity/Title:__

Owner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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SECRETARY OF STATE STATE OF IDAHO

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3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Services/Amusement Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Brad H. Lutz 617 W. North 2nd Grange VIIIe, 1D 8:3530 5. Name and address for this acknowledgment copy is (If other than # 4 above):	
Signature: Signature: Brad H. Lutz	Secretary of State use only

IDAHO SECRETARY OF STATE 06/10/2002 05:06 CX: 4220 CT: 161846 BH: 479615 8 20.00 = 20.00 ASSUM MANE # 2