

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. 03 MAY -2 PM 2: 34

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigne business is:	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name:  Name  Chur Phodoctons nc. 30  C148944	entity or individual(s) doing  Complete Address  QUAUSHN 87 8370
3. The general type of business transacted under the a  Retail Trade Transportation and Pul  Wholesale Trade Construction	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed;  BSCOUNTRACTIONS  30 9 Unugun St. Boise 10	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional): 870 7878
	Secretary of State use only
rinted Name: POC PAGE STATE OF	IDAHO SECRETARY OF STATE

g:'corp\forms\ab Revised(

05/02/2003 05:00 CK: CASH CT: 158810 BH: 678482 8 25.80 = 25.86 ASSUN NAME # 2