

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.

(see instruction # 8 on back of form)

2006 JUL -3 AM 10: 13 SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

The true name(s) and business address(es) of business under the assumed business name:	of the entity or individual(s) doing Complete Address PO BOX 1399 1104 ELM ST
1 - 1	PO BOX 1399
PAT FICEK	
	1104 ELM CT
	TIV4 ELIVI ST
	SANDPOINT ID 83864
Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: PAT FIICEK PO BOX 1399	Submit Certificate of Assumed Business Name and \$25.00 fee to: 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): 208-290-4814
	Secretary of State use only
	IDAHO SECRETARY OF STATE
Tature: 7 (signature required)	IDAHO SECRETARY OF STATE

07/03/2006 05:00 CX: 513435545 CT: 1122 BH: 963162 1 0 25.08 = 25.08 ASSUM MANE 1 2