

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECT VE

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.

1. The assumed business name which the undersi business is: DINKUS DWAS	igned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  DEMOVER TARRES  586	Complete Address US N SOUTH CROIX Dr Cocurdateric
3. The general type of business transacted under th	ne assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  DIMME TANKE SSUS N. SUPPLICIAL DE 3815	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse 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):
	Secretary of State use only
mature, Dunne Dallle	

IDAHO SECRETARY OF STATE 67/15/2005 05:00 CK: 1386 CT: 158810 BH: 821383 1 8 25.88 = 25.88 ASSUM HAME # 2

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