

(see instruction #8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, Idano Code, the disconstruction of Application Submits for filling a certificate of Assumed Business Name PR -8 PR 2: 10

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

	STATE OF IDAHO
The assumed business name which the under business is:	
Albion Stone	
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
J. Keith Rogers	337 West St. Albion IL 83211
LOUIS Rogers	337 UGI St. Albion, IU 83311
	991 633. 3.11.10.10.12.13
3. The general type of business transacted und	er the assumed business name is:
Retail Trade Transportation a  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Trkeith Poders  Albian Stane  P.O. Box 117	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
A (し) かってい を33 () 5. Name and address for this acknowledgmen	t Phone number (optional):
COPy is (if other than # 4 above):	<u> 208-673-55</u> 88
	Secretary of State use only
Signature: J. Koth Rogers  Printed Name: J. Keith Rigers	IDAHO SECRETARY OF STATE  94/08/2004 05:00  CK: 1016 CT: 158010 BH: 738243  1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: <u>GWNLC</u>	do name e e
	, <del>-</del>