

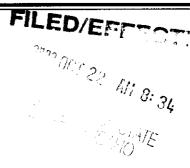
Capacity/Title:

(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.



	* 40 -
1. The assumed business name which the und	ersigned use(s) in the transaction of
business is:	
(allard O	reents
2. The true name(s) and <u>business</u> address(es)	
business under the assumed business name:	Complete Address
<u>Name</u>	
Mike Collard	845 Mercer st
	Boise II) 83703
3. The general type of business transacted unc	der the assumed business name is:
o. The general type of business transacted and	and the decamed business hame is.
Retail Trade Transportation	and Public Utilities
Services	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
845 Mercer St	PO Box 83720 Boise ID 83720-0080
Boise 10 83 103	208 334-2301
5. Name and address for this acknowledgmer	nt Phone number (optional):
COPY IS (if other than # 4 above).	(208) 433-0980
	Secretary of State use only
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11./	ୁ ଓ ପୂର୍ବ ବିଜ୍ଞାନ ବିଜ୍ୟ ବିଜ୍ୟ ବିଜ୍ୟ ବିଜ୍ୟ ବିଜ୍ଞାନ ବିଜ୍ୟ
Signature:	82 M
Printed Name: Mike (allard	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF
rinted Name. I . NALL CONTON OF	CK: 2511 CT: 158010 BH: 641943