FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY UF STATE STATE OF IDAHO

63 NOV 21 PM 1: 14

1 WNER

(see instruction # 8 on back of form)

Capacity/Title:

The assumed business name which the undersigned use(s) in the transaction of business is:  **ENTERPLISES**	
The true name(s) and business address(est business under the assumed business name  Name  HEIGAKA KING	s) of the entity or individual(s) doing me: Complete Address <u>HIOT E. W.s. FERIA AUE.</u> NAMPA, IA. 83687
The general type of business transacted u  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  Same As Ahaus  4107 E. Wisteria Aug.  Name A Ta 83687	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 acknowledgm copy is (if other than # 4 above):</li> </ol>	nent Phone number (optional):  28-461-27/0
nature: The good king  ted Name: HELGARA KING	Secretary of State use only  COOZYODESA

IDAHO SECRETARY OF STATE

11/21/2003 05:00

CK: 112113318468AH CT: 172899 BH: 713865
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