(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

AL ST	CERTIFICA	TEOE		
E	ASSUMED PUR	MEOF	FILED Er-	
	ASSUMED BUS Pursuant to Section 53-504, Ida submits for filing a certificate of	INESS NAME	FILED EFFEC	TIVE
		Toouried Hildinges Name	PORT JAN 5 AM	.,,
	NOTE: See instructions on reve	egibly. erse before filing.		9:28
1.	The assumed business name which business is:	n the undersigned use(s) in the transaction of	E
	hellys Koad	Servico		
2. T b	The true name(s) and business addrusiness under the assumed busines	ess(es) of the entity or in	ndividual(s) doina	
	R Kelly Lee	Comple	ete Address	l
_		1:	Hue W.	- 1
	,		110 8330	_
3. The	e general type of business transacte	ed under the seement		-
<u> </u>	Retail Trade Transport	office assumed by	ısiness name is:	
	Wholesale Trade Construct	ation and Public Utilities ion		
	Services Agriculture	e		
	Finance, Insurance, and Real Esta	Assumed	Certificate of Business	
4. The	name and address to which future	ite Name an	d \$25.00 fee to:	
corre	spondence should be addressed:	Secretary	of State	
R	KellyLee	700 West Basement	West	
14	87 Falls Ave (1).	PO Box 83	3720 I	- 11
	vin falls, ID 83301	208 334-23	3720-0080 301	
5. Name copy i	and address for this acknowledgme is (if other than # 4 above):	ent Phone numb	per (optional):	
			34.0163	
		Secretar	y of State use only	_ II
Signature:	1 de 10 P	abn.p65		
Printed Name:	R (signature required)	9:korpiformslabn formslabn.p65 Revised 04/2003		
Capacity/Title:_	Sole Ourses	Morms\z	Though and	
	instruction # 8 on back of form)	0;5	IDAHO SECRETARY OF STATE	

IDAHO SECRETARY OF STATE **01/05/2004 05:00** CK: 2152 CT: 153845 BH: 719869 1 8 25.00 = 25.00 ASSUM NAME # 2

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