

Printed Name: ________

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

03 OCT -2 PM 3: 14

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:) timate 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Cecil & Bennett 967 E. PAKCENTER Blvd. 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above). Secretary of State use only Signature: Eul E 8

: Vcorp\forms\abn forms\ab Revised 04/2003

IDAHO SECRETARY OF STATE
10/02/2003 05:00
CK: CASH CT: 150010 BH: 704716
10 25:00 = 25:00 ASSUM NAME 12

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