

Printed Name._

Capacity/Title: //www.

(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.

The true name(s) and business addre	ss(es) of the entity or individual(s) doing
business under the assumed business Name Tim 5. Bolen	Complete Address 3938 N. Cambria Way Boise, ID 83703
" \'7	Submit Certificate of Assumed Business
. Name and address for this acknowledge copy is (if other than #4 above):	gment Phone number (optional): 208 - 794 - 1534

orp forms labh forms labh Revised 04/2003

IDAHO SECRETARY OF STATE

98/91/2005 05:00

CK: 2719 CT: 158010 BH: 824385

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