

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

65 OCT 31 PM 12: 59

## SECTION OF STATE STATE

## Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the ur business is:      Corsol Home INSRC	
2. The true name(s) and <u>business</u> address(estabusiness under the assumed business name  Name  Lose Ries	s) of the entity or individual(s) doing
	n and Public Utilities
<ul> <li>Wholesale Trade</li></ul>	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  2120 N. 36 <sup>TH</sup> STEET	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent Phone number (optional): (2 <u>08) 283 - 3337</u>
	Secretary of State use only
Signature: 15 (signature required)  Printed Name: POBLE REVES  Capacity/Title: OWNE / INSECTOR	IDAHD SECRETARY OF STATE  10/31/2005 05:00  CK: CASH CT: 158010 BH: 919677  1 0 25.00 = 25.00 ASSUM NAME # 2