

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME ASSUMED BUSIN

Pursuant to Section 53-504, Idaho Code, the undersigned All -3 Pil 2: 33 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE AND AHO

The assumed business name which the under business is: \[\lambda \lambda \left \Computer \]	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Jeffery S. Stamper	of the entity or individual(s) doing :: Complete Address
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 3455 S. Bayporte Pl. Boise, ID 83706	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above): Same	Phone number (optional): 208-629-6736
Signature: Signature required) Printed Name: Seffery S. Stamper	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE O1/03/2006 05:00 CK: CASH CT: 158818 BH: 929843 1 9 25.00 = 25.00 ASSUM NAME # 2