

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.

The true name(s) and business address(e	
business under the assumed business na	ame:
Name	Complete Address
Scenic Enterprises, Inc.	1974 Eldridge Avenue, Twin Falls, ID 83301
c 136329	
The general type of business transacted usiness transacted usiness transportation.  Retail Trade Trade Construction	on and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$20.00 fee to:
he name and address to which future orrespondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Scenic Enterprises, Inc.	PO Box 83720 Boise ID 83720-0080
1974 Eldridge Avenue	Boise ID 83720-0080 - 208 334-2301
Twin Falls, ID 83301  Name and address for this acknowledgr  copy is (if other than # 4 above):	ment Phone number (optional):
Steven D. Peterson	-
P.O. Box 5827	Secretary of State use only
Twin Falls, ID 83803-5827	- 158
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ure:	- 100   100

1 8 29.90 = 20.90 ASSUM NAME # 2

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