

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2004 MAR 12 AM 9: 30

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF IDAHO

	211.00
Nel construction	
2. The true name(s) and business address(es) of the enti- business under the assumed business name: Name Cohrench Joan	Complete Address
3. The general type of business transacted under the assemble in the second services in the se	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 651 6724 Secretary of State use only
Signature: Printed Name: Name Capacity/Title: UNDY Signature required) Capacity/Title: UNDY	IDAHO SECRETARY OF STATE 03/12/2004 05:00

IDAHO SECRETARY OF STATE

93/12/2004 05:00

CK: 1075 CT: 158010 BH: 732615
1 @ 25.00 = 25.00 ASSUM NAME # 2

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