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

submits for filing a certificate of Assumed Business Name.

04 MAR 31 PM 2: 01

SECRETARY OF 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 undersigned use(s) in the transaction of	
business is: Vitek Plum	bing Service
2. The true name(s) and business address(e business under the assumed business name  Name  Billie Sue Vitek  Rogel Vitek  Todo Vitek  3. The general type of business transacted	es) of the entity or individual(s) doing ame:  Complete Address  1100 Heckathorn Pl. Dampa Id 8366  1100 Heckathorn Pl. Nampa Id 8368  507 W. Bird Ave Nampa Id 836
	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Sue Vitek  1100 Heckathorn Place  Nampa Ta 83686	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledg copy is (if other than # 4 above).</li> </ol>	ment Phone number (optional):
	Secretary of State use only
Signature:  Signature:  Signature (signature required)  Printed Name:  Sue Vitek  Capacity/Title:  Owner/president	IDAHO SECRETARY OF STATE  93/31/2004 05:00  CK: 10078 CT: 158010 BH: 736650  1 @ 25.00 = 25.00 ASSUM NAME # 2