

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.

07 FEB 15 PH 12: 31

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

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name X. Taylor Cox 10117	entity or individual(s) doing Complete Address N. Vikon Dr. Bolse ID 82709
3. The general type of business transacted under the Retail Trade	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
nature:	IDAHO SECRETARY OF STATE O2/15/2007 05:00 CK: 1854246 CT: 172899 BH: 183366 1 8 25.88 ASSUM MANE #