

Capacity: owner

(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.

JUL 12 11 15 AM "01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRE!

| MOSECTER LA   | TWN CARE  |
|---|---|
| The true name(s) and <u>business</u> address(e business under the assumed business nat Name  DIW GARBRAITH                              |   |
| Wholesale Trade Constructio   | ion and Public Utilities<br>on  |
| <ul><li>✓ Services</li><li>✓ Agriculture</li><li>✓ Manufacturing</li><li>✓ Mining</li><li>✓ Finance, Insurance, and Real Esta</li></ul> | Assumed Business  |
| The name and address to which future correspondence should be addressed:  Dion GARBRAITH  1938 S. Cressida PL  Boise, ID & 3709         | 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 acknowledge<br/>COPY is (if other than # 4 above);</li> </ol>  | ment Phone number (optional):  208-377-4936   |
| COPY TO (II outer thail # 4 above).   |   |

IDAHO SECRETARY OF STATE 67/12/2001 69:60 CK: 1129 CT: 148756 BH: 487539 1 @ 20.00 = 20.00 ASSUM NAME 2

D46764