

CERTIFICATE OF ASSUMED BUSINESS NAME

Owner

(see instruction # 8 on back of form)

Capacity/Title:__

CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, to submits for filling a certificate of Assumed B	S NAME the undersigned
Please type or print legibly. NOTE: See instructions on reverse befo	ore filing.
The assumed business name which the unbusiness is:	
	Properties
The true name(s) and business address(es business under the assumed business name Name	· · · · · · · · · · · · · · · · · · ·
Robert C. Williams	103 N. Curtis Rd., Boise, ID 83706
Michelle S. Williams	103 N. Curtis Rd., Boise, ID 83706
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
Robert C. Williams 1305 Harcourt Dr., Boise, ID 83702	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). NA	ent Phone number (optional): 208.375.0106
ignature Solut (Signature required)	Secretary of State use only Secretary of State use only Secretary of State use only Secretary of State use only
rinted Name: Robert C. Williams	TOAHO SECRETARY OF STATE

10/12/2004 05:00 CK: 2198 CT: 182834 BH: 779676 1 0 25.00 = 25.00 ASSUM NAME W 2

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