

Signature:

Printed Name:

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

ASPEN LAND DEVELOPMENT	
The true name(s) and business address(est business under the assumed business name Name  Norman R. Ricks & Sharon Ricks	s) of the entity or individual(s) doing me: Complete Address 6265 Fox Run Drive, Idaho Falls, ID 83402
The general type of business transacted ur  Retail Trade Transportation  Wholesale Trade Construction	nder the assumed business name is:
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
Norman R. Ricks	
6265 Fox Run Drive	Boise ID 83720-0080 208 334-2301
	208 334-2301

Conputormstator formstator Revised 04/2003

Norman R. Ricks

Owner

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE

92/10/2004 05:00

CK: 2032 CT: 158010 BH: 726526

1 0 25.00 = 25.00 ASSUM NAME # 2

D72919