

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE OF	EDEFFE
ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the und submits for filing a certificate of Assumed Busines	dersigned
Please type or print legibly. NOTE: See instructions on reverse before filir	ng.
1. The assumed business name which the undersign business is:	
 The true name(s) and business address(es) of th business under the assumed business name: 	
Name	Complete Address
Sim L. Carpos J 113	1 w. Hayden Ave
Tilar A. Globs J Ho	yden, Id. 83835
3. The general type of business transacted under th	www.
Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future	Soomton, of State
correspondence should be addressed:	Secretary of State 700 West Jefferson
Caithe Lunch and	Basement West PO Box 83720
1121 W. Hayden Ave	Boise ID 83720-0080
Handen, Id. 83835	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional);
COPY IS (if other than # 4 above):	295-772-5438
	Secretary of State use only
Printed Name: Jim L. Gibbs Capacity/Title: Owner	
Capacity/Title: Dwner	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	08/01/2003 05:00 cv. 20157 (T. 154018 BU. 494119

CK: 26157 CT: 158618 BH: 694119 1 @ 25.08 = 25.00 ASSUM NAME # 2

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