## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

**FILED** 

## To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name 7 (1996): 30

	gives notice of adoption of an Ass	sumed Dusii	icss Name.
1.	The assumed business name which the undersigned use(s) in the transaction of		
	business is:		Maria L. 10.11.0
	REACH ENTER	PRISP	= 5
_		-641	
2.	The true name(s) and business address(es) of the entity or individual(s) doing		
	business under the assumed business name		
	IRENE E, CEACH 1	Con	nplete Address
	TREPE E, CEACH	0545	DASON DRIVE
		ROISE	10 83704
			÷
3.	The general type of business transacted und	der the assur	med business name is:
	(mark only those that apply)		1 3
	Retail Trade		nsportation and Public Utilities
	Wholesale Trade Agriculture	Fina	ance, Insurance, and Real Estate
	Services Construction	Min	ing
			222 // 51
4.	The name and address to which future Phone number (optional): 322-4154		
	correspondence should be addressed:		
	IRENE E. LEACH		Cubarit Cartificate of
		:	Submit Certificate of Assumed Business
	10545 DASED DR	*	Name and \$20.00 fee to:
			1
	BOISE, 10 83704	i	Secretary of State
_			700 West Jefferson
5.	Name and address for this acknowledgment		Basement West
	COPY IS (if other than # 4 above).		PO Box 83720
			Boise ID 83720-0080
			208 334-2301
			Secretary of State use only
		<b>9</b>	
		ion 1/98	IDANO SECRETARY OF STATE
		<u>:</u>	G1 /97 /4000 00 00

Signature: Wandlester

Printed Name: | IRENE E, LEACH

Capacity: PRESIDER

(see instruction # 8 on back of form)

CX: 5128 CT: 118236 BH: 182353

1 8 20.00 = 20.00 ASSUM NAME # 2

D 27530