

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

55 FEB - 2 PH 3: 06

FILED EFFECTIVE

D84057

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

SECRETAL OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigne business is:	
2. The true name(s) and <u>business</u> address(es) of the obsiness under the assumed business name:  Name  Debua D. Dubley  (	entity or individual(s) doing  Complete Address  How Harvester Dre  Base ID 83709
3. The general type of business transacted under the  Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  10202 Have Ser DR Bose ID 83 109	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 acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional):
	Secretary of State use only
Signature: A solva L. Huston 800 Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IDAHO SECRETARY OF STATE <b>02/02/2005 05:00</b> CK: 5299 CT: 158010 BH: 790761 1 0 25.00 = 25.00 ASSUM NAME A