## FILED EFFECTIVE



## 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.

05 JAN 11 PM 4: 23

SECRETARY OF STATE STATE OF IDAHO

116

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: WHOLKNESS KINSE KOAD & 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Submit Certificate of Services Assumed Business Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: Basement West CAD COMMINTO BOX 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only

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IDAHO SECRETARY OF STATE

01/12/2005 05:00

CK: 1162 CT: 158010 BH: 786736
1 8 25.00 = 25.00 ASSUM NAME # 6

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Printed Name: SHACKA M. J. P.

Capacity/Title: <u>IREASULCER</u>

Signature:

(see instruction # 8 on back of form)