

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned?

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE. See instructions of reverse perofe filling.	
The assumed business name which the undersigned business is: Mational Tax	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Name Harren Har	entity or individual(s) doing Complete Address 100x 32/5 124 J. J. 7333
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: P.O. DOX 3215 Halley FD 83333 Addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
gnature: At Manufacture (signature) (signature)	Secretary of State use only

Printed Name: Warren Nichols

Capacity/Title: Wher Sole Reprieta

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE **08/01/2005 05:00**CK: 7898854656 CT: 158010 BH: 824254

1 8 25.00 = 25.00 ASSUM NAME # 2