

Capacity/Title:

(see instruction # 8 on back of form)

## 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.
NOTE: See instructions on reverse before filing.

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SECRETARY OF STATE STATE OF IDAHO

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1. The assumed business name which the under business is:	rsigned use(s) in the transaction of
<ol> <li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:</li> </ol>	
Name Name	Complete Address  0781 S. Cloverdale Rd.  Kuna, ID 83634
3. The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Services Agriculture Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be 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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 440-2 <b>3</b> 25
	Secretary of State use only
Signature: (signature reduced)  Printed Name: Affect Hore	IDAHO SECRETARY OF STATE    10