

Capacity/Title: OW

(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.

SECRETARY OF STATE

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

2. The true name(s) and business address(es) of the business under the assumed business name: Name Address(es) of the business name:	Complete Address 2084 W Coleen C Boise ID 83709
3. The general type of business transacted under the	
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 12084 W (Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	

IDAHO SECRETARY OF STRIE 12/10/2008 05:00 CX: 1139 CT: 204118 BH: 1147626 1 0 25.00 = 25.00 ASSUM NAME #

D126823