

ASSUMED BUSINESS NAME FILED EFFECTIVE Sursuant to Section 53-504, Idaho Code, the undersigned

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

SECRETARY OF STATE

7 TO	submits for filing a certificate		CTATE OF IDAMO	I)
حنيت		nd	STATE OF IDAHO	1
	o instructions on reverse	·9·		I I
	The assumed business name which the undersignations is		A transaction of	1)
	which the undersign	gned use	(s) in the transcours	
4	The assumed business name which the ansumed business name which are also and an ansumed business name which are also and an another and a summer which are also and a summ			. N
1.	business is: Dutch Oven	1-2		1
	business is. () Itch () Ion	<u> Jen</u>		
	Duron	_	V. Aoing	ll l
		he entity	or individual(s) doing	l\
	and business address(es) or the state of the	.,,,,		I Ì
2.	The true name(s) and business address(es) of the business under the assumed business name:	C	omplete Address	I Ì
	business under the same		w. white Ash Or.	I I∖
	Name	1525	W. WKITE 1131	1)
	Wayne Hoover			
	Sundy Hoover -	+2000	nondian Id. 83642	I)
	Jundy Moover	Y	hondian Ja. ss	1)
				I ∖
		r the ass	umed business name is.	ll l
	type of business transacted under	i tilo do-		il.
;	3. The general type of business transacted unde	-a Dublic	- I Itilities	I I
	Transportation a	Na Public		I)
1	Retail Trade	_		ı i
l			Submit Certificate of	\
	Wholesale Hade Agriculture Services	1	Annumod Rusiness	
1		1	Name and \$25.00 fee to:	•
1	Monutation	Ĭ	Marilo arra i	
	Finance, Insurance, and Real Estate	1	Secretary of State	1
	Lunco to which future	1	700 West Jefferson	£\
1	4. The name and address to which future	,	Basement West	l l
	4. The name and address to correspondence should be addressed:	1	PO Box 83720	i i)
1			Boise ID 83720-0080	
- 11	SAME		Boise ID 63720-0000	I İ
i i			208 334-2301	I I
\\				11
1			Phone number (optional):	
	for this acknowledgme	ent	I Hono Harris	•
11	5. Name and address for this acknowledgme			1
1	copy is (if other than # 4 above):			
- }}	• •			
- 1			Secretary of State use only	
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- 11		ğ	DUAT 2	1
	1. M. K. I am 1212 -	ns/at	13 2 10	1
	Signature: (signature required)	formsvabn form Revised 04/2003		
	(signature reduited)	skabr		
	Printed Name: Wayne 400 ver	g.Yoorpiforms\abn forms\abn p65 Revised 04/2003	IDAHO SECRETARY OF	STATE
	- i > - 0	, corp	GA/24/2003	800 = 00
	CAUACITY THE	i iii		BH: 676755 SSUM NAME # 2
\	(see instruction # 8 on back of form)		1 @ 25.00 = 25.00 H	350H HRAE