



CERTIFICATE OF ASSUMED BUSINESS NAME HAY 24 AM 9: 13

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

Please type or print legibly.

STATE OF IDAHO

The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name R. BERUCANNON 26	e entity or individual(s) doing <u>Complete Address</u> 26 N. Lochest Ave. Meridian s
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):

Printed Name: JUSTIN R. BEAUCANNON

(see instruction #8 on back of form)

Capacity/Title: PRINCIPAL

05/24/2002 05:00 CK: 1989 CT: 158010 BH: 467773 1 0 20.00 = 26.00 ASSUM NAME # 2

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