

Capacity/Title: OUNCE

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAMEED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 7003 JUN -2 AN 9: 39

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

SEUTIETAPLY OF STATE STATE OF IDAHO

The assumed business name which the undersigned	ed use(s) in the transaction of
business is:	• •
<u>C'eltic Deversions</u>	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Allan Reynolds Do	Box 391
Elleen Keynolds	MOUNTAIN HOME
•	daho 83647
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	iblic Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
00 Box 391	PO Box 83720
mountain Home de	Boise ID 83720-0080 208 334-2301
83647	250 004 2001
5. Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above).	
	Secretary of State use only
Signature: (signature required) Printed Name: 1990 (Signature required)	
Printed Name: (signature organized)	INNHO SECRETARY OF STATE 06/02/2003 05:00
Filled Name. VIII Reyn VIII	CX: 537 CT: 158010 BH: 683710

IDAHO SECRETARY OF STATE

96/92/2093 95:00

CX: 537 CT: 158010 BH: 683710

1 8 25.06 = 25.08 ASSUM MANE # 2