

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of the print legibly.

To the SECRETARY OF STATE,	STATE OF IDAHO
gives notice of edential and Code, the undersigned	
The assumed business name which the business name	an Assumed Business Name 16 Alf 8: 31 ne undersigned use(s) in the transaction of
Rock book	STATE OF IDAHO
Bocky Mantain.	Stone SIME OF IDAHO
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Name Name	riante isiale.
Gillones	Complete Address 21 Ecolland Dr. N. Twinfuls.
Paul Lewis	70230 Aut. W. Twin Falls TUBS
3. The general type of business transacted (mark only those that apply)	I under the province of the state of the sta
(mank only those that apply)	order the assumed business name is:
Retail Trade	Finance, Insurance, and Real Estate
4. The name and address to which future Phone number (optional): 208-236-3191 correspondence should be addressed:	
Same	
	Submit Certificate of
	Assumed Business Name and \$20.00 fee to:
	Secretary of State
. Name and address for this acknowledgme	700 West Jefferson
(II other than # 4 above);	PO Box 83720
GOVE JUNES	Boise ID 83720-(1080
BILLOSHAND Dr N	208 334-2301
Twin Falls, Id 83301	Secretary of State use only
ure:	Sava Name of the same of the s
Name: Tyler Jones Pullewis	
Walleys Rul d.	Maria IDAHO SECRETARY OF STATE
Where instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 95/16/2002 95:00 CK: NO CK # CT: 158010 BH: 466143 1 2 20.00 = 20.00 ASSUM NAME # 2
	18

Signat Printed Capacity (see instruction # 8 on back of form)

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