

Capacity: (

(see instruction # 8 on back of form)

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned 2 I submits for filing a certificate of Assumed Business Name.

HY C- STATE Please type or print legibly.

NOTE: See instructions on reverse before filing, IATE OF IDAHO

1. The assumed business name which the under business is:	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name:  Name  Name  Name  3. The general type of business transacted under the assumed business address(es) or b	Complete Address 1010 Fendle Duny lar Blackfoot, ID 83021
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  CW Consulting  1010 Penalebum Lane  Blackfoot, ID 83231	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional): 208 185-6473
	Secretary of State use only
Signature Aug Milmot  Printed Name Carve M Wilmot	sed 01/2001

IDAHO SECRETARY OF STATE

03/21/2003 05:00

CK: 5086 CT: 158010 BH: 670108

1 8 20.00 = 20.00 ASSUM NAME # 2