FILED EFFECTIVE



Capacity/Title: <u>Oいって</u>へ

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME 2007 MAR -7 AM 9: 14

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

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

The true name(s) and business address(obusiness under the assumed business na	es) of the entity or individual(s) doing ame: Complete Address
Name	
DAVID STELLY	MS TRIBITY LANE
	ATHOL ID 83801
The general type of business transacted	under the assumed business name is:
Retail Trade Transportate Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowled copy is (if other than #4 above):	gment Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE

93/97/2007 95:00

CK: 241638 CT: 158818 BH: 1838193
1 9 25.88 = 25.88 ASSUM MANE # 2

