

CERTIFICATE OF

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned MAY -4 8: 59 submits for filing a certificate of Assumed Business Name.

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

Owner

(see instruction # 8 on back of form)

Capacity/Title:

STATE OF ILAHU

. The assumed business name which the undersigned use(s) in the transaction of business is:	
Bob's Wood	I'nStuff
. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
Robert J. Claridge	27750 Lansing Lane, Middleton, ID 83644
Nobella, Callage	
The general type of business transacted unde	r the assumed business name is:
-	nd Public Utilities
Wholesale Trade Construction	
Services Agriculture	
	Submit Certificate of Assumed Business
✓ Manufacturing	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Trains and \$25.55 yes
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
R.J. Claridge	Basement West PO Box 83720
	Boise ID 83720-0080
27750 Lansing Lane	208 334-2301
Middleton, ID 83644	1
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	208 585 6595
-	Secretary of State use only
	,
	8
110	Social Control of State (State
pature: (signature required)	IDAHO SECRETARY OF STATE ### ### ### ### ####################
ted Name: Robert J. Claridge	IDAHO SECRETARY OF STATE 95/04/2005 95:

CK: 11464 CT: 158010 BH: 808570 1 0 25.00 = 25.00 ASSUM MANE # 2 D87419