

Printed Name: _{

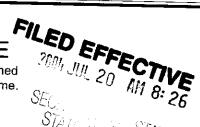
Capacity/Title: (

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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.



		Cook's Clas	ssics	
The true na	ame(s) and busir	ness address(es) of ed business name:	the entity or individual(s) doing	
	Name Kert Cook Paul Brennler		Complete Address 2025 W. Garden Ave , Nampa Id 83651 721 Powerline Road , Nampa Id 83651	
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Whole Service Manu Finan The name a	facturing ce, Insurance, and address to we have should be a	hich future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West	
2025 W. Garden Ave			PO Box 83720	
Nampa Id 83651			Boise ID 83720-0080 208 334-2301	
Name and		acknowledgment	Phone number (optional): 208.467.1234	

IDANO SECRETARY OF STATE 07/20/2004 05:00 CK: 1274 CT: 158818 BH: 756446 1 8 25.88 = 25.88 ASSUM NAME # 2