	FILED EFFECTIVE
CERTIFICATE OF	CFFECTIVE
	AME CARE STR
Pursuant to Section 53-504, Idaho Code, the unit submits for filing a certificate of Assumed Busine	fersighed the state
Please type or print legibly.	
NOTE: See instructions on reverse before	ng China Chi
 The assumed business name which the undersi business is: 	gned use(s) in the transaction of
Zeus Properties	
Leus_Inspercies	
2. The true name(s) and business address(es) of t	he entity or individual(s) doing
business under the assumed business name:	Complete Address
Name	Complete Address
William D LAVISON	-SII
Cherie L ZAVISON 3	210 E. Churden Blud #115
	ngle, ID 83616
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and	1 Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
7 0 1	Basement West PO Box 83720
the out	Boise ID 83720-0080
#311 3210 E Churden Blud #115	208 334-2301
FASIE IN X3616	
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208-850-5305
SAME AS "4 Above -	
	Secretary of State use only
	2
Signature: William D. Zam	۳
(signatur equired)	IDAHO SECRETARY OF STATE 10/04/2805 05:00 CK: 9041 CT: 192924 BH; 91504
Printed Name: William J ZAVISON	10/04/2005 05:00 CK: 9841 CT: 192924 BH: 91584
Capacity/Title: Owner	1 9 25.00 = 25.00 ASSUM NAME
(see instruction # 8 on back of form)	D92314
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