

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2005 AUG 26 AM 9: 38

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

SECRETARY OF STATE

2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name:  Name	Complete Address 08 Coyote Cr. Ln. Sandpoint, Id. 83
3. The general type of business transacted under  Retail Trade Transportation and Wholesale Trade Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Chris Hackan  208 Coyste Cr. Ln  Sand paint Fd. 83864	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 265-7949
gnature:	Secretary of State use only

IDAHO SECRETARY OF STATE

08/26/2005 05:00

CK: 976 CT: 158010 BH: 968356

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