Capacity: Own Nev

(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.

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

1. The assumed business name which the undersign business is:  For Treat latter Masorry  The assumed business name which the undersign business is:    Control   Cont	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Mike KATSI ometes  Pa	entity or individual(s) doing  Complete Address  Complete Address  Complete Address
3. The general type of business transacted under the  Retail Trade Wholesale Trade Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  MIKE  HATSILOME  9503 HEATRE  DICK  15. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
Signature Mike Katsilometes  Printed Name: Mike Katsilometes	330099  Secretary of State use only  IDAHO SECRETARY OF STATE  07/26/2001 05:00  CX: 263 CT: 14929 Du. 489053

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CK: 2263 CT: 149290 BH: 409953 1 & 20.00 = 20.00 ASSUM NAME # 2 D41108