

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.

2002 APR 22 AM 10: 11

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

SECRETARIO DE STATE

The true name(s) and <u>business</u> address(es	
business under the assumed business nam Name	ie: <u>Complete Address</u>
Donald Clark	249 Nampa/Caldwell Blud.
	Nampa, ID 83651
The general type of business transacted u	nder the assumed business name is:
	n and Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Donald Clark	Basement West PO Box 83720
249 Nampa/Caldwell Blud. Nampa, ID 83651	Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgm	ent Phone number (optional):
COPY is (if other than # 4 above):	(208) 284-2676

04/22/2002 05:00 CK: CASH CT: 158010 BH: 460936 1 8 28.08 = 20.08 ASSUM NAME # 2

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