## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

Outs 11000 10.	425	Outs	<u>our</u> (	
		siness address( ned business na	•	ntity or individual(s) doing
patie	Name Court	Sones	5147 Bols	Complete Address Morris THU Rd #130 Se ID 83706
	oee that apply)	ess transacted  Manufacturi		assumed business name is:  Transportation and Public Utilities
☐ Wholesa	=	Agriculture		•
	address to	Construction  which future	n 🗌	Finance, Insurance, and Real Estate Mining  mber (optional): 208 - 371-31 %
The name are corresponde	3	which future addressed:	n 🗌	•

Printed Name: Marie L. Sones

Capacity: Owner

(see instruction # 8 on back of form)

10/11/2000 09:00 CK: 1374 CT: 137071 NN: 353729

1 0 20.00 = 20.00 ASSUM NAME # 2

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