(see instruction # 8 on back of form)



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 7807 MAY 25 AM 8: 45 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

Sunrise	
2. The true name(s) and business address business under the assumed business in	s(es) of the entity or individual(s) doing name:
Name	Complete Address
Douglas West	490 Enerald Avenue, BLD D Blackfoot, ID 83
Tandra West	490 Emerald avenue, BID D Blackfort ID 8322
The general type of business transacted	d under the assumed business name is:
Retail Trade Transporta	ation and Public Utilities
, Wholesale Trade Constructi	
Services	e Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Esta	ate Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Sunrise	Basement West PO Box 83720
P.O. BOX 543	Boise ID 83720-0080
Shelley IDAHO 83274	208 334-2301
5. Name and address for this acknowled	gment Phone number (optional):
COPY IS (if other than # 4 above):	208-200-3162
COPY 13 (If other than # 4 above).	
COPY 13 (If other than # 4 above).	Secretary of State use only
	_   '
	_
nature: Wagle West  (signature required)  Inted Name: Douglas West	