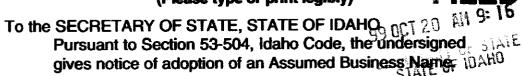
Capacity: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)





. The assumed business name which the undersigned u business is:	se(s) in the transaction of
Bonds	
	ty or individual(s) doing omplete Address Tal. 835223
☐ Wholesale Trade ☐ Agriculture ☐ Fi	sumed business name is: ransportation and Public Utilities inance, Insurance, and Real Esta
Services Constitution Constitution	
I. The name and address to which future	an mag
The name and address to which future correspondence should be addressed: Bonds P.O. Box 116 Crafgmont, Ed. 83523	Submit Certificate of Assumed Business
correspondence should be addressed:	Submit Certificate of
correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to:
correspondence should be addressed: Bonds P.O. Box 116 Crafgmont, Ed. 83523 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
correspondence should be addressed: Bonds P.O. Box 116 Craigmont, Ed. 83523 Name and address for this acknowledgment	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 Secretary of State use only