

## **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.

(see instruction # 8 on back of form)

1. The assumed business name which the undersigned	d use(s) in the transaction of
business is:	TARIAI
ABC JANI	IOR/AL
The true name(s) and business address(es) of the e business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
77	28 Hillcrost rd
PATRICK FEE 12	auston ID
	83501
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Put Wholesale Trade Construction	olic Utilities
Services Agriculture	Cultural Condition to at
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
	Basement West
Patrick tee	PO Box 83720
228 Hillcrest rd	Boise ID 83720-0080 208 334-2301
Lewiston ID 8350/	200 004-2001
5. Name and address for this acknowledgment COPY is (if other than # 4 above).	Phone number (optional):
	0
gnature:    Geignature required   Geignature required	Secretary of State use only
inted Name: ATRICK FEE	
apacity/Title: OWNER	IDAHO SECRETARY OF STATE  03/31/2006 05:0

CK: 1297 CT: 158010 BH: 946475 1 @ 25.00 = 25.00 ASSUM NAME # 2