

## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

<ol><li>The true name(s) and <u>business</u> a business under the assumed bus</li></ol>	address(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Elisha Shown	R+ 1 Box 88-B Kooskia Id 835
3. The general type of business tra	nsacted under the assumed business name is:
[ <del></del> ]	
	nsportation and Public Utilities
	riculture
	Submit Certificate of Assumed Business
Finance, Insurance, and R	2 1.000tiled D03H1632
4. The name and address to which	
correspondence should be addre	essed: 700 West Jefferson
326 Main Stiting	Follow Basement West PO Box 83720
- Hilles	PO Box 83720 Boise ID 83720-0080
	208 334-2301
5. Name and address for this ackn	Obligation Phono number ( )
COpy is (if other than # 4 above).	owledgment Phone number (optional):
Rt 1 Box 88 B	
Kooskia Id 83539	Secretary of State use only
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gnature:	1.5
nted Name: <u>Elisha</u> S Shown	nstabin listed of listed o
	g-korp/formstabn p65 Revised 01/2001