

Capacity/Title: OUA

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

<u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is:	use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
TERRY W- EISHER	2263 WRIGHTAVE
	WICHAUS 100
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 feeto:
4. The name and address to which future correspondence should be addressed: SAMCAS	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
SAME AS (4) +(2)	Secretary of State use only
Signature: Name: TERY W. FISH	IDAHO SECRETARY OF STATE 03/16/2004 05:00 CK: 1875 CT: 177266 BH: 733299 1 @ 25.00 = 25.00 ASSUM NAME # 2