

## CERTIFICATE OF ASSUMED BUSINESS NAME

ASSUMED BUSINESS NAME.

Pursuant to Section 53-504, Idaho Code, the undersigned AUG 19 AM 8: 30

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

	3-	OF IDAHO
The assumed business name which the u business is:  \[ \text{\tint{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	ndersigned	d use(s) in the transaction of
2. The true name(s) and business address(e business under the assumed business na Name  Per Johan Sen		Complete Address  O5 CYCTSCOTT
3. The general type of business transacted u	ınder the a	ssumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  573 W. Orchard Service To 83706	1	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgm copy is (if other than # 4 above):</li></ol>	ent	Phone number (optional):
		Secretary of State use only
Signature: Tex Johansen  Printed Name: Per Son Sen	g/corpt/orms/abn forms/abn.p65 Revised 04/2003	1DAHO SECRETARY OF STATE
Capacity/Title:	g:\corp\for Re	O8/19/2003 05:00 CK: 113543 CT: 158010 BH: 697146 CK: 25843 CT: 25841 NOME # 2
(see instruction # 8 on back of form)		1 @ 25.00 = 25.00 HSSON MANE # C