FILED EFFECTIVE

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	ASSUMED BI	JSINESS	NAME)=
	Pursuant to Section 53-50- submits for filing a certifica				10 FEB -1 M	* 3
<u> </u>	Please type or p		siness name.		SECRETARY OF	ST
NC	TE: See instructions or		filing.		STATE OF IDA	HU
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	ue name(s) and busines ess under the assumed			or individual(s) de	oing	
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Ц	Retail Trade	Fransportation a	ind Public L	Inities		
4. The n corres	Services	ich future Idressed:		Submit Certificate of Assumed Business Name and \$25.00 fo Idaho Secretary of St 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301	ee to: ate	
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