

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

04 MAR - 3 PM 2: 08

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Capacity/Title: Sole Proprietor

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address business under the assumed business Name	
John Conti	2099 Davimore Dr. Boise, 83
	ation and Public Utilities
<ul> <li>Wholesale Trade ☐ Construct</li> <li>☐ Services ☐ Agricultur</li> <li>☒ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Est</li> </ul>	e Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:  Sohn Conti  2099 Dan more Dr.  Boise, 1D. 83712	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above):	gment Phone number (optional):

IDAHO SECRETARY OF STATE

03/03/2004 05:00

CK: 1220 CT: 158010 BH: 730696

1 0 25.00 = 25.00 ASSUM NAME # 2

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