

Printed Name: Richard Smith

Capacity: OCUNCY

(see instruction # 6 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

OLOCTIO AND: 04

Pursuant to Section 53-504, Idahe Code, the undersigned submits for thing a conflicate of Assumed Business Name.

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

วนรูแ	less under the assumed	business name:	e entity or individual(s) doing
C	Name	1.1	Complete Address
<u> </u>	sichard Smi	<u>+h</u>	11779 Payette Heights
	onna Horne	. <u>P</u> a	1779 Payette Heights Yette, ID 8 Yelel
3. The o	general type of business	s transacted under th	e assumed business name is:
The n corres	Wholesale Trade Services Manufacturing Finance, Insurance, and address to whe pondence should be acceptable.	eich future didressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name coov	e and address for this all is if other than # 4 above):	cknowledgment	Phone number (optional):

IDAHO SECRETARY OF STATE
10/10/2001 05:00
CK: 72% CT: 152267 BH: 423436
1 0 20.00 = 20.00 ASSUM NAME # 2

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