



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2004 DEC -7 AM 9:05

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Hollowell Enterprises.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Steve Hollowell /Pres./Owner

Complete Address

1330 Addison Ave. E
Twin Falls ID. 83301

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Same As Above

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

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208.539.7970

Signature:

Steve Hollowell

(signature required)

Printed Name: Steve L. Hollowell

Capacity/Title: Owner /Pres.

(see instruction # 8 on back of form)

Secretary of State use only

PS2441

IDaho SECRETARY OF STATE
12/07/2004 05:00
CK: 7 CT: 158010 BH: 780187
1 @ 25.00 = 25.00 ASSUM NAME # 2