



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 DEC -7 AM 9:05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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:

<u>Name</u>	<u>Complete Address</u>
<u>Steve Hollowell / Pres / Owner</u>	<u>1330 Addison Ave. E</u>
	<u>Twin Falls ID. 83301</u>

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

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

Signature: Steve Hollowell

(signature required)

Printed Name: Steve L. Hollowell

Capacity/Title: Owner / Pres.

(see instruction # 8 on back of form)

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

Phone number (optional):

208.539.7970

Secretary of State use only

1052441

IDAHO SECRETARY OF STATE
12/07/2004 05:00

CK: 7 CT: 158018 BH: 780187
1 @ 25.00 = 25.00 ASSUM NAME # 2