

Capacity/Title:\_\_

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME



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

2005 MAY 13 AH 9: 18

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STALL OF TURHO

87785

The assumed business name which the undersigne business is:	, <i>,</i>
2. The true name(s) and <u>business</u> address(es) of the estimates under the assumed business name:  Name  Name  O  O  O  O  O  O  O  O  O  O  O  O  O	Complete Address  Box 35  Eq. Wood  743809
3. The general type of business transacted under the a  Retail Trade Transportation and Pul Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Ryan Wallace P.O. Box 35  Carey Wood TV. 83409	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional): (204)(610-3706)
Signature: (signature required)  Printed Name: Ryan Wallase	IDANO SECRETARY OF STATE  05/13/2005 05:00  CK: 9928 CT: 158610 BH: 418388  1 9 25.88 = 25.88 ASSUM NAME # 2