

Capacity/Title: Owner

(see instruction # 8 on back of form)

ASSUMED BUSINESS NAME FILED EFFECTIVE **CERTIFICATE OF**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 93 JAN - 3 FH 2: 18

Please type or print legibly. NOTE: See instructions on reverse before filing. SEC : DE STATE STATE (= DAHO

ປ . The true name(s) and business address(e business under the assumed business nai	
Name	Complete Address
Clark Monson	119 S. Valley Dr.
	Ste. A # 172
	Nampa, ID 83686
Wholesale Trade Construction	on and Public Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Ageless Tractor Parts	PO Box 83720
119 S. Valley Dr Ste. A#172 Nampa, LD &3686	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	nent Phone number (optional):
COPY IS (if other than # 4 above):	208-461-6385

IDAHO SECRETARY OF STATE

01/03/2006 05:00

CK: 1226 CT: 158010 BH: 929823

1 8 25.00 = 25.00 ASSUM NAME # 2