

Printed Name: (1 P.NIA

wher

(see instruction # 8 on back of form)

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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.



. The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
Menna Hendry 2	872 Samules Rd.
	and point, Idaho
. The general type of business transacted under	
Retail Trade Transportation an Wholesale Trade Construction	d Public Utilities
<ul><li>✓ Services</li><li>✓ Agriculture</li><li>✓ Manufacturing</li><li>✓ Mining</li><li>✓ Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:  Glenna Hendrix  2872 Samules Road  Sandpoint, ID 83864	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) 255-7041
	Secretary of State use only

IDAHO SECRETARY OF STATE
09/11/2002 05:00
CK: 1656 CT: 158010 BH: 487451
1 0 20.00 = 20.00 ASSUM NAME # 2

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