

Printed Name:

(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.

02 JUL 11 PM 2:39

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Tressle Creek Soops	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Chris Barley Por	ntity or individual(s) doing Complete Address XX 34167 QO 1 d. 831687
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: TVESSIO CYCOK SCOPS PO BOX 3467 Nampa, 1 d. 83687	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):
gnature: Brully	Secretary of State use only

Revised 01/2001

IDAHO SECRETARY OF STATE

97/11/2002 95:00

CK: 2290 CT: 161846 BH: 476671

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