## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

DUSH 1635 15.	STUFFY'S A		use(s) in the transaction of
2. The true name(s		s(es) of the en	tity or individual(s) doing
CURISTOPHE	Name L J. RACUS	419 N.	Omplete Address
			IDAHO
			err b - 8365/
	rade Agriculture Construction	Prince M	ransportation and Public Utilit inance, Insurance, and Real E lining er (optional):(208) 461-266
Wholesale T Services  4. The name and accorrespondence:  4. CHRISTO 419 N 40	rade Agriculture Construction  Idress to which future should be addressed:  OPHER J RACUS  ETON STREET	Prince M	inance, Insurance, and Real Elining er (optional): (208) 467-266  Submit Certificate of Assumed Business
Wholesale T Services  4. The name and accorrespondence:  419 CHRISTO HONE  NAMPA IN	rade Agriculture Construction C	Phone numb	inance, Insurance, and Real Elining er (optional): (208) 461-266  Submit Certificate of Assumed Business Name and \$20.00 feets:  Secretary of State 700 West Jefferson Basement West PO Box 83720
Wholesale T Services  4. The name and accorrespondence:  4. CHRISTO HON HON NAMPA IS  Name and address	rade Agriculture Construction C	Phone numb	inance, Insurance, and Real Elining er (optional): (208) 461-266  Submit Certificate of Assumed Business Name and \$20.00 feeto:  Secretary of State 700 West Jefferson Basement West
Wholesale T Services  4. The name and accorrespondence:  4. CHRISTO 419 N HON NAMPA 18  5. Name and address copy is (if other than #	rade Agriculture Construction C	Phone numb	submit Certificate of Assumed Business Name and \$20.00 feeto:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Wholesale T Services  4. The name and accorrespondence:  4. CHRISTO 419 N HON NAMPA 18  5. Name and address copy is (if other than #	rade Agriculture Construction C	Phone numb	submit Certificate of Assumed Business Name and \$20.00 feeto:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

(see instruction # 8 on back of form)

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