

CERTIFICATE OF ASSUMED BUSINESS NAME ED/EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the undersigned Engineer Name Pursuant to Section 53-504, Idaho Code, the Undersigned Engineer Name Pursuant to Section 54-504, Idaho Code, Idaho

submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

Greg's House of	Commons Card Shop
The true name(s) and business address(e business under the assumed business name Name James G. Anderson	es) of the entity or individual(s) doing me: Complete Address 150 E. 2 N. Mountain Home, Idaho 83647
3. The general type of business transacted u	nder the assumed business name is: n and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: James G. Anderson	Secretary of State 700 West Jefferson Basement West
860 E. 15 N. Mountain Home, Idaho 83647	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above).	ent Phone number (optional):
	Secretary of State use only
nature James Greyong a deuson (signature required) Anderson	
pacity/Title: Owner (see instruction # 8 on back of form)	October IDAHO SECRETARY OF S

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