ED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 00 JAH 26 AH 11:41

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

business is: TJim Custom Carpa	- , ,
2. The true name(s) and business address(es) of the business under the assumed business name: Name Trougher Burril Jernifer Burril	he entity or individual(s) doing Complete Address 55 Celepte Dr. Ennett, JD 23617
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Troy or Jennfer Burril 735 Celesta DR. Emmett, DD 83617	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
	Secretary of State use only
Signature: Printed Name: Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 91/26/2005 95:00 CK: 3093 CT: 150010 BH: 789422 1 0 25.00 = 25.00 ASSUM HAME # 2

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