

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 7003 DEC 19 AM 9: 10

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the under business is:	
2. The true name(s) and business address(es) of business under the assumed business name: Name Jessica BAllen	
3. The general type of business transacted unde	er the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Tessica Allen Hoso Cloverleat Drive Hauden IO 83835	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):	t Phone number (optional): (208) 772 - 5871
	Secretary of State use only
Signature: (signature required) Printed Name: Sesica Allen Capacity/Title: DWNLY (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/19/2003 05:00 CK: 1093 CT: 158010 BH: 717646 1 0 25.08 = 25.00 ASSUM NAME #
(see instruction # o on back or form)	071550