

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, t submits for filing a certificate of Assumed E	
Please type or print legibly. NOTE: See instructions on reverse befo	ore filing.
1. The assumed business name which the un business is:	
2. The true name(s) and business address(es business under the assumed business name Name Scart Contact Contact Scart Contact Contact	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgme copy is (if other than # 4 above):	
Signature: (signature required) Printed Name: (Signature required) Capacity/Title: Signature required) (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/18/2005 05:00 CK: NO CK # CT: 158010 BH: 917506 1 9 25.00 = 25.00 ASSUM NAME # 2
Signature: (signature required) Printed Name: Signature Survey	Secretary of State use only

D92732