

Signature:\_\_

Printed Name:

Capacity/Title:\_

(see instruction # 8 on back of form)

## CERTIFICATE OF FILED/EFFECTIVE ASSUMED BUSINESS NAME 1993 007 19 60 8114

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Tucker Law Office  Tucker Law Office  Tooker Law Office	
2. The true name(s) and business address(es) of the elebusiness under the assumed business name:  Name  Ourfnie Tucker  Name	ntity or individual(s) doing  Complete Address  HA Ave. S., Suite A
3. The general type of business transacted under the a  Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining	
<ul> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>104 9th Avc. S. Suite A</li> <li>Namps, (∆ 8365)</li> </ul>	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):	Phone number (optional):
10505 Menkalinin Star, 11 83669	Secretary of State use only

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IDAHO SECRETARY OF STATE
10/16/2002 05:00
CK: 1495 CT: 158810 BH: 576383
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