

## 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.

03 MOV 26 PM 2: 29

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

SECRE ARY OF STATE STATE OF IDAHO

1. The assumed business name which the unbusiness is:	$\wedge$	. ,
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name  Paul MEDLEY	ne:	ntity or individual(s) doing  Complete Address  BENTON AVE  PA, ID 83651
3. The general type of business transacted under the services and Real Estate  4. The name and address to which future correspondence should be addressed:    Au   Med   Even   Agriculture	n and Pub	
Signature:	g toorpitormstebn formstebn p65 Revised 04/2003	(208) 46 1-3466  Secretary of State use only  IDANO SECRETARY OF STATE
Capacity/Title: DWNER  (see instruction #8 on back of form)	g: borp vormstet	11/26/2003 05:00 CK: 1804 CT: 158010 BH: 713808 1 0 25.00 = 25.00 ASSUM HAME # 2