X

FILED EFFECTIVE

2004 AUG 10 P 11: 25

STATE OF TOARS



Printed Name: **Srad**

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
	427 West 3575 South, Nibley Utah 84321
Jared Bradley Hoggan Cathy P Hoggan	272 South 800 East, River Heights, Utah 84321
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
109 East 2nd. South	PO Box 83720
Soda Springs, Idaho 83276	Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgme copy is (# other than # 4 above):	Phone number (optional): 435 760 -0885
•	435-753 5-9 11
	Secretary of State use only

IDAHO SECRETARY OF STATE

08/10/2004 05:00

CK: 81042727086CLH CT: 172099 BH: 760142
1 0 25.00 = 25.00 ASSUM NAME # 2

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