

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

ASSUMED BUSINESS INCIDENT APR 20

Pursuant to Section 53-504, idaho Code, the undersigned 2005 APR 20

All 8: 52

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE

The true name(s) and business address(es) of the business under the assumed business name: Name Name 26A	entity or individual(s) doing Complete Address (4800 © Rigb) The 83442
maile	19-PO BOX 235 Rivield 8
The general type of business transacted under the	
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 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 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-538-7109
	Secretary of State use only

IDAHO SECRETARY OF STATE

94/29/2995 95:99

CK: 2570 CT: 158010 BH: 805686

1 0 25.00 = 25.00 ASSUM NAME # 2

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