FILED EFFECTIVE



## 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.

Capacity/Title: Owner Cape Proprietorship
(see instruction # 8 on back of form)

Wrecking Rosie Gi	· · · · · · · · · · · · · · · · · · ·
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Name  Name	ne entity or individual(s) doing  Complete Address  LES South Shilling  Black Coot, ID 83221
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Rosita Ward  Jes South Shilling  Blackfoot, ID 83221	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above):</li></ol>	Phone number (optional):
	Secretary of State use only
Signature: Sas ta Mard Signature required Printed Name: Ros i ta Ward	

IDAHO SECRETARY OF STATE 12/16/2003 05:00 CK: 12436 CT: 158010 BH: 716050 1 0 25.00 = 25.00 ASSUM NAME # 2

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