

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2007 APR 26 AM 10: 06

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the usiness is: Fullmer Rand	undersigned use(s) in the transaction of
2. The true name(s) and business address(e business under the assumed business na Name Clayton Brent Fullmer. Rachelle Kristine Fullmer Rownie Fullmer 3. The general type of business transacted up	Complete Address P.O Box 127 Tctonia ID, 83452 "Sane" 530w. 575 N. Tctonia ID, 83456
	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Clayfon Fullner. P. D. Box 127 Telowia TD 83452	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	Phone number (optional): (208) 456 - 3023
ignature: (signature required)	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 4/26/2007 05:00