



Capacity/Title: OW new

(see instruction # 8 on back of form)

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.

2. The true name(s) and business address(es	c) of the entity or individual(s) doing
business under the assumed business nam Name Robert 6. Falm Junip S. Film	Complete Address Id. 838 703 N. Dundee Dr., Post Falls 5 Ame as a Brue
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 103 Marine Pasm 103 Marine Dr. 105 + Falls, S. 83854	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).	ent Phone number (optional): 208-777-8627
	Secretary of State use only

01/15/2004 05:00 CK: 1288 CT: 158818 BH: 722888 1 8 25.88 = 25.88 ASSUM MANE # 2

072185