27	
CERTIFICATE OF	
ASSUMED BUSINES	SNAME
Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed	the undersigned
Please type or print legibly.	
NOTE: See instructions on reverse before	Fore filing. SECRETARY OF STATE OF IDAHC
1. The assumed business name which the	
<ol> <li>The assumed business name which the ur business is:</li> </ol>	ndersigned use(s) in the transaction of
Catered to you	<b>I</b> .
•	
<ol><li>The true name(s) and business address(es business under the assumed business nan</li></ol>	s) of the entity or individual(s) doing
Name	Complete Address
Katrece Adkisson	1608 Tramway Cf. Po Box 313 Cauncel 10
Bryan Adkisson	"Same" 8312
3. The general type of business transacted un	oder the assumed business name in
	n and Public Utilities
Wholesale Trade Construction	
X Services Agriculture	Submit Certificate of
🛄 Manufacturing 🗌 Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
<ol><li>The name and address to which future</li></ol>	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street
	PO Box 83720 Boise ID 83720-0080
<u>PO Box 313</u>	
Council 10 83612	(208) 334-2301
<ol><li>Name and address for this acknowledgmer</li></ol>	nt
COPY IS (if other than # 4 above).	
	Secretary of State use only
anature Sallen Are alle	n an
inted Name: Katrece M. Adkisson	Sod uders subjects of state
	forms staten forms
apacity/Title: <u>0wner</u>	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	01/23/2008 05:00
	CK: 1631 CT: 221797 BH: 1096027 1 0 25.00 = 25.00 ASSUM WANE # 2
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