

Printed Name: 1/2 / 2/

(see instruction # 8 on back of form)

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAMEDEC 13 (2) 9: 20 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name, 1485

Please type or print legibly.

STATE OF HIAHO

NOTE: See instructions on reverse before filing.

. The assumed business name which the undersigned business is:	ed use(s) in the transaction of
	Complete Address 2 S. Dempsey G. Rd. 2 4+ Springs, Id. 83246
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
1. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 1716-5829
nature: (signature required)	Secretary of State use only

IDAHO SECRETARY OF STATE
12/13/2004 05:00
CK: 1416 CT: 158010 BH: 781036
1 0 25.00 = 25.00 ASSUM NAME # 2