

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned FEB -9 kin 8: 43

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF TOTALL

 business is: 	es) of the entity or individual(s) doing
Name Judith L. Townsens	Complete Address 3577 S. CAMENEW Ct. COEUR L'Alene, ID 83814
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture	on and Public Utilities n
 Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed: \[\int \(\text{UDITA L. TOWNSEND} \) \[\frac{35775. CAREVIEW Ct.}{COEUR L'A/ENE, ID \$38/4} \]	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgm copy is (if other than # 4 above): 	nent Phone number (optional): (208) 76V - 3980
	Secretary of State use only
rinted Name: <u>Juoith L. Townsend</u> Sapacity/Title: Owner	IDAHO SECRETARY OF STATE 2/09/2005 05:00 CK: 4377 CT: 150010 BH: 792151 25.00 25.00 ASSUM NAME # 2

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