

Printed Name: _

Capacity/Title:_

(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. 2009 APR 24 PM 3: 41 SECHETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

12087461127

business under the assumed bus		ntity or individual(s) doing	
Name	,	Complete Address	
Debbie Zenner	, , 411	D Street	
208-746-0442	Juarky 10	wiston Idaha	
		8201	
	······································		*****
The general type of business train	nsacled under the a	ssumed business name is:	
	nsportation and Pub	olic Utilities	
	nstruction		ì
_	riculture	Submit Certificate of	·
Manufacturing Mir	ning	Assumed Business	
Finance, insurance, and R	eal Estate	Name and \$25.00 fee to:	
The name and address to which	futuro	Idaho Secretary of State	
correspondence should be addre		450 N 4th Street	
		PO Box 83720 Boise ID 83720-0080	
Debbie Cenner			
3575 Country C	ut mue	(208) 334-2301	
Lewiston Idahi	USE <u>I</u>		
. Name and address for this ackr	muladament		-
	iowicagnienii		
CODY IS (if other than # 4 above):			