

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 05 OCT -4 AM 10: 10

Please type or print legibly. NOTE: See instructions on reverse before filing. SECREMANY OF STATE STATE OF IDAHO

business is:	_	and the second
Insurance Survey	<u> </u>	YICE S
The true name(s) and business address(es) business under the assumed business name Name	c C	omplete Address
Larry Hoger	PO B	ex 1314
. 2	Merid	ian, Idaho
	 	83642
The general type of business transacted und	er the assu	med business name is:
Retail Trade Transportation Wholesale Trade Construction		
 □ Vinolesale Trade □ Services □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate 		Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West
Larry Hoger		PO Box 83720 Boise ID 83720-0080
Larry Hoger PO Box 1314	1	208 334-2301
Meridian TD 83642		Phone number (optional):
5. Name and address for this acknowledgme	nt [†]	попе пиньет (орвонат).
COPY IS (if other than # 4 above):		
		Secretary of State use only
ted Name: Larry D. Hoger	g \comptoms\abn forms\abn p65 Revised 04/2003	IDAHO SECRETARY OF STATE 10/04/2005 05:(CK: 3231 CT: 158010 BH: 915
acity/Title: Owner	compto Re	1 @ 25.00 = 25.00 ASSUM NAP
(see instruction # 8 on back of form)	56	D92289