

Printed Name:

Capacity/Title:

Treasure

(see instruction # 8 on back of form)

## 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.

5707 JAN 15 MI S: 13

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersig business is:  SUICIDE Cyc	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Page Enter Prises Inc.  (C-103959)	
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed:  Suicide Cycles  2833 Overland Ave.  Burley, IN 83318	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): 208 677-456)
	Secretary of State use only

IDAHO SECRETARY OF STATE 91/15/2003 05:00 CK: 1876 CT: 166525 BH: 657813 1 8 20.00 = 20.00 ASSUM NAME # 2

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