## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

۱.	The assumed business name which the undersigned use(s) in the trabusiness is:	ansactio	င္သာ n <b>.o</b> f ထ

2. The true name(s) and business address business under the assumed business Name	S(es) of the entity or individual(s) doing name:  Complete Address  1123 Glenaby Place  Eagle, T.d. 13611
<ul> <li>Wholesale Trade</li></ul>	tion and Public Utilities on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  David M. Geses  1123 Ghen abby Ph.  Equipment of the control of	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent Phone number (optional):
	Secretary of State use only

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Signature: ...... Printed Name: Capacity/Title: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 10/22/2004 05:00 CK: 284 CT: 158816 BH: 772581 6 25.88 = 25.88 ASSUM NAME # 2