

Capacity/Title: Owner/

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

D84658

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SEE 17 AN 10: 30

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

1. The assumed business name which the under business is:	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name  Sandra Turpen  Joseph Turpen	
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Ploneer Gardens  420 Ploneer Road  Horseshoe Bend, 1083629	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgmen copy is (if other than # 4 above):</li></ol>	t Phone number (optional): 208-781-0505
Signature: Jandson H. Junen  Printed Name: Sandra, G. Junen	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  (22/17/2005 05:06  CK: 3464 CT: 158610 BH: 793869  1 # 25.66 = 25.66 ASSUM NAME # 2