

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.

		<i>7</i>	۰
1.	The assumed business name which the undersign business is:		
	_ TWIN CREEKS BILLIA	UG SERVICE	
2.	The true name(s) and business address(es) of the business under the assumed business name: Name		7
3.	The general type of business transacted under the Retail Trade Transportation and Pi Wholesale Trade Construction		
	✓ Services ☐ Agriculture ☐ 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: ANN M. JACKSON TWIN CLEEKS BULLING SERV A331 BEAR AW RA	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):	
nati	Ire: Atriona Ochano	Secretary of State use only	[

IDAHO SECRETARY OF STATE

05/06/2005 05:00

CK: 3283 CT: 158010 RH: 808892
1 0 25.00 = 25.00 ASSUM NAME N 2

CK# 3283

Printed Name: ANN P

Capacity/Title: <u>OWNER</u>

(see instruction # 8 on back of form)