

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

O7 SEP 12 AM 8: 27 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

ALLEN ENTERPRISES	
The true name(s) and business address(es business under the assumed business name     Name     John W. and Roxanna R. Allen	) of the entity or individual(s) doing ne: Complete Address 2034 Council Cuprum Rd., Council, ID 83612
3. The general type of business transacted un	
Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:      John W. Allen	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
P.O. Box 4 Council, ID 83612	(208) 334-2301
<ol> <li>Name and address for this acknowledgmer copy is (if other than # 4 above).</li> <li>Nicholas T. Bokides</li> </ol>	nt
P.O. Box 28	
Weiser, ID 83672	Secretary of State use only
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nted Name: Nicholas T. Bokides	TDAHU CECRETORY OF CTATE
pacity/Title: Attorney (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  99/12/2007 05:  CK: 18858 CT: 24374 BH: 107  1 8 25,90 = 25.00 ASSUM NA