

Printed Name:

Capacity/Title:

(see Instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE

NEP -6 AM 9:05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Name	he entity or individual(s) doing Complete Address
Mensh E. Rogers P.O	. Box 71 McCull, 10 884
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Same as above	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	Phone number (optional):

IDAHO SECRETARY OF STATE

99/06/2002 95 # 00

CK: 5566 CT: 158010 BH: 486648
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