

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.

2003 JUN 25 AM 8: 38

FILEDE

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| The true name(s) and <u>business</u> address(es) of the education business under the assumed business name:  Name  Joseph B, Stokes 1473 | entity or individual(s) doing  Complete Address  Fry K, Idaw Falk, ID 834  |
|--|--|
| The general type of business transacted under the  | assumed business name is:  |
| Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining                               | Submit Certificate of Assumed Business Name and \$20.00 fee to:  |
| The name and address to which future correspondence should be addressed:    Just Call Joe   1473   Perry DR   TF   TD   834044           | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301 |
| . Name and address for this acknowledgment copy is (if other than # 4 above):  | Phone number (optional): 208-521-5500  |
|  | Secretary of State use only  |

Revised 01/2001

IDAHO SECRETARY OF STATE

96/25/2003 05:00

CK: 2736 CT: 158010 BH: 687849
1 8 25.00 = 25.00 ASSUM NAME # 2

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