

Signature: Chann

Capacity/Title: Ounex

Printed Name: JOANNE B. HOLSTEIN

(see instruction # 8 on back of form)

ASSUMED BUSINESS NAMEED EFFECTIVE **CERTIFICATE OF**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 7883 007 31 AM 9: 08

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

	name(s) and b	-	s(es) of the e	TUDIES	(BBS)
240000	Name		ilanio.	Complete Addre	ess
JOAN	ne B. Hod	STEIN	203 E	•	3, Peck, JO835
		· · · · · · · · · · · · · · · · · · ·		P.O. BOX &	58
The gene	eral type of bus	siness transacted	under the a	ssumed business	name is:
	tail Trade nolesale Trade	= .	ition and Pub on	lic Utilities	
☐ Ma	rvices nufacturing ance, Insuranc	Agriculture Mining ce, and Real Est		Submit Certifica Assumed Busin Name and \$25.	iess
. The name and address to which future correspondence should be addressed:				Secretary of Sta 700 West Jeffer Basement West	rson
JOAN	nne B. Hoo	LSTEIN	 	PO Box 83720 Boise ID 83720 208 334-2301	
	nd address for (if other than # 4 abov	this acknowledg	— yment	Phone number (optional):
			_	Secretary of	State use only

IDAHO SECRETARY OF STATE
10/31/2003 05:00
CK: 1515 CT: 158010 BH: 709333
0 25.00 = 25.00 ASSUM NAME # 2