

## 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.

(signature required)

Tony C Ashbaker

Owner

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:

STATE OF DAHO

| The true name(s) and business address(es) of business under the assumed business and  |   |
|---|---|
| business under the assumed business name:  Name  Tony C Ashbaker  | Complete Address 48 Hopkins Dr  |
|   | Idaho City, ID 83631  |
| Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Tony C Ashbaker | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West |
| 48 Hopkins Dr   | PO Box 83720<br>Boise ID 83720-0080   |
| Idaho City, ID 83631  | 208 334-2301  |
| Name and address for this acknowledgment copy is (if other than # 4 above):   | Phone number (optional):<br>208-392-4121  |
|   | Secretary of State use only   |

IDANO SECRETARY OF STATE

08/17/2004 05:00

CK: 1887837 CT: 158818 BH: 761318
1 8 25.00 = 25.00 ASSUM NAME # 2

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