MED BUSINESS NAME
IDAHO e, the undersigned gives notice
veru
s) of the entity or individual(s) doing ne is/are: Address 5, 65-3 Mesolo whook RJ, Cap TJ, 838/4
Same
nder the assumed business name is:  ndence should be addressed:  'ver Ave Cas Ids 838/4.
Michael D. Dray
Customer #
\$1000 SECRETORY OF STATE,  02/02/13/99 09:00  0X: 1275 CL11/643 NI: 164311.  1 * 28.00 = 28.00 ASSUM NOVE 1 2  022767