

Signature: Ma

Capacity/Title:__

Printed Name: _/vac

(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 EFFECTIVES

Please type or print legibly.

NOTE: See instructions on reverse before filing.

ne:
Complete Address
25 N. 12TH W. West Bay
Revburg 10 83440
<u> </u>
nder the assumed business name is:
Submit Certificate of
Assumed Business
Name and \$25.00 fee to:
Secretary of State
Secretary of State 700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080 208 334-2301
100 001 100
ent Phone number (optional):
208-709-4933

IDAHO SECRETARY OF STATE
09/23/2005 05:00
CK: 132 CT: 158018 BH: 913200
1 @ 25.00 = 25.00 ASSUM MANE # 2

D 91937