

Printed Name: <u>U</u>

Capacity/Title: PRESIDEN+

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME 7 OCT 15 PM 1: 02 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name RETARY OF STATE STATE OF IDAHO STATE OF IDAHO FILED EFFECTIVE

NOTE: See instructions on reverse before filing

business is: BUYING TIME	
2. The true name(s) and business address(es business under the assumed business name Name	ne: Complete Address
JOAN B. GUSTIN	206 N. VANBUREN St. MOSCOW 838
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: JOAN B. GUSTIN 206 N. VANBUREN ST. MOSCOW, 10 83843	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): (208) 301-1748
	Secretary of State use only

GUSTIN

IDAHO SECRETARY OF STATE 10/15/2007 05:00 CK: 1635 CT: 158010 BH: 1080587 CE 25.00 = 25.00 ASSUM NAME # 2

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