	CERTIFICATE OF (Please type or pr	F ASSUN int legibly. S	NED BUS ee instruction	s on reverse.
	To the SECRETARY OF S Pursuant to Section gives notice of ador	53-504, Idal	TE OF IDAHO	undersigned Pil 2: 45
1.	The assumed business name business is: Stutzman Hom			e(s) in the transaction of E
The true name(s) and business address(es) of the entity or individual business under the assumed business name is/are: Name Complete Address(es)				• ,
	Van Stutzman Sue Stutzman		498 N. 3 Rupert	nplete Address 00 W. Ld. 83350
3.	The general type of business to	ransacted ur	nder the assur	med business name is:
	Wholesale Trade	Manufacturing Agriculture Construction	~	nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which correspondence should be ad-		hone number	(optional):
				Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this act copy is (if other than # 4 above):	knowledgmer	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	D. I. Evens Benk P.O. Fox 1188		8	Secretary of State use only
Signatu	re: Lan July 83318		Revision 12/89	
Printed		MAN	abn.p65	IDAHO SECRETARY OF STATE 99/04/2002 05:00 CK: 42311 CT: 1935 BH: 486885 1 8 28.88 = 28.88 ASSUM NAME # 2
Capaci	(see instruction # 8 on back of form)		g.toorpitomstabn p65	D57914

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