

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

OZFEBII AN 9:33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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2. The true name(s) and <u>business</u> address(e business under the assumed business name Name DOUGLAS POAGE PATRICIA POAGE	s) of the entity or individual(s) doing ne: <u>Complete Address</u> <u>936 SKYHAWK DR., SPIRIT NAKE, ID 83869</u> SAME
3. The general type of business transacted use Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: \[\textstyle{\textstyle} \frac{\textstyle}{236} \frac{\textstyle}{260} \] \[\textstyle{\textstyle} \frac{\textstyle}{236} \frac	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
inted Name: DOUGLAS POAGE apacity/Title: CWNER	1DAHO SECRETARY OF STATE 92/11/2002 05 = 96

IDANO SECRETARY OF STATE 92/11/2002 05:00 CK: 1187 CT: 157126 BH: 445380 1 @ 20.00 = 20.00 ASSUM MANE # 2