

Signature:\_//

Printed Name: BR

Capacity/Title: Dwnu

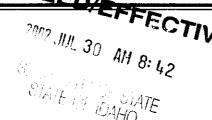
(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Brian O'Banion	P.O. Box 1674, McCall IDaho 83638
The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Brian O'Banion P.O. Box 1674 McCall, ID 83638	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
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only

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IDAHO SECRETARY OF STATE

47/34/2002 05:00

CK: 1941 CT: 158010 BH: 479841

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