

Capacity/Title: <u>nwner</u>

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

02 AUG -8 PM 4: 06

Please type or print legibly. NOTE: See instructions on reverse before filing.

JECRETARY OF STATE STATE OF IDAHO

Little blue boo	
The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name	of the entity or individual(s) doing Complete Address
Joshua C. Burt	727 W. Taylor Ave Moscow, ID 83843
3. The general type of business transacted und	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
777 W. Taylor Ave. Moscow, IN 83843	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
nted Name: Joshua C. Burt	Secretary of State IDANO SECRETARY OF STATE OB/09/2002 05:0

CK: 837 CT: 158010 BH: 481798 1 2 28.08 = 20.08 ASSUM MANE # 2

D57212