



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 MAR -8 PM 2:18

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

"Thanks" ALL WAYS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

<u>Ruth A. Elliott</u>	{ <u>PO Box 561, #15 MT. meadow way</u>
<u>John R. Elliott</u>	
<u>Kay B. Abraham</u>	
	<u>IDAHO CITY, ID 83631</u>
	<u>9400 E. IIRF #45, Denver, CO</u>
	<u>80231</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

PO Box 561 Ruth Elliott
IDAHO CITY, ID 83631

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-392-4768

Signature: _____

Ruth A. Elliott
(signature required)

Printed Name: Ruth A. Elliott

Capacity/Title: Owner

(see instruction # 8 on back of form)

208-392-4768

Secretary of State use only

073963

IDAHO SECRETARY OF STATE
03/09/2004 05:00
CK: 7402 CT: 158010 BH: 731773
1 @ 25.00 = 25.00 ASSUM NAME # 2