

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.

64 SEP -3 PM 1:33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

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1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Daniel Turner Ocena Turner	the entity or individual(s) doing Complete Address 2042. E Redwick Dr Meridian 3ame. 83642
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction	nd Public Utilities
ServicesManufacturingMiningFinance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 20+2 F. Redwick Dr. Meridian Td 83/042	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): (66) 819 -0687 887 - 1352 Secretary of State use only
Signature: (signature required)	Soor Secretary of State 1040 SECRETARY OF STATE 1040 SECRETARY OF STATE 1040 SECRETARY OF STATE
Printed Name: <u>Daniel Turner</u> Capacity/Title: Owner	CK: 2593 CT: 158810 BH: 764517 1 8 25.08 = 25.00 ASSUM MANE # 2
Capacity/Title: Owner	<u>9</u>