



CERTIFICATE OF ASSUMED BUSINESS NAME

Code, the undersigned 2004 AUG 17 A 8 28

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

SECRETARY OF STATE STATE OF HOAMO

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

The assumed business name which the undersigned use(s) in the transaction of business is: Walts Used Appliance
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 Shekky Gregory Laffner T52 W. Main St. T.F. Id 83301 Walter (walt) Laffner T52 W. Main St. T.F. Id. 83301
3. The general type of business transacted under the assumed business name is: Retail Trade
Signature: Sherry May Market Market Capacity/Title: Owner (see instruction # 800 back of form) 1 44 44 45 3 CT: 158818 BH: 761311
Capacity/Title: Owner Western Surgery of State OB/17/2004 05:00 CK: 4573 CT: 158610 BH: 761311 1 8 25.08 = 25.08 ASSUM NAME: 2

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