

Capacity/Title:_

e: <u>Uwner</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.

2005 APR -4 Ali 9: 42

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
	, ·	Complete Address
	Pamela a. me Kay	5680 Sunset Or. Nampa, I 83686
		1 3000
	The general type of business transacted und	der the assumed business name is:
	Retail Trade Transportation	and Public Utilities
	☐ Wholesale Trade ☐ Construction	
	Services Agriculture	
		Submit Certificate of
		Assumed Business
	Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
7	The name and address to which future	Secretary of State
	correspondence should be addressed:	700 West Jefferson
		Basement West
	Pamela m: Kay	PO Box 83720
	5680 Sum set Dr.	Boise ID 83720-0080
	Nampa, ID. 83686	208 334-2301
	Name and address for this acknowledgmen	nt Phone number (optional):
	COPY is (if other than # 4 above).	, ,
		Secretary of State use only

IDAHO SECRETARY OF STATE

04/04/2005 05:00

CK: 288230956 CT: 158010 BH: 802521

1 0 25.00 = 25.00 ASSUM NAME # 2

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