

CERTIFICATE OF ASSUMED BUSINESS NAME



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

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

Capacity/Title: <u>fresident</u> / owner (see instruction #8 on back of form)

STATE OF TOAHO

<u>RII Developu</u>	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Rob Williams 608	Complete Address U. Brencley ST
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction	
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: Rob Williams of RAT Depelopment 608 u Boundary ST. hampa ID 8365/	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 208 461 9239
	Secretary of State use only
nted Name: Pob 4 1/1/2 m S	IDAHO SECRETARY OF STATE 03/13/2002 05:00

CK: 1697 CT: 158018 BH: 451759 1 0 20.00 = 20.00 ASSUM NAME # 2

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