

## 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.

(see instruction # 8 on back of form)

The true name(s) and business address(es business under the assumed business name     Name	
Connie Brown	3580 WEISWOOD, Id. Falls I. 8340
Jammy Landon	8548 N 55 E. Idahofalls ID. 8340
3. The general type of business transacted un  Retail Trade Transportation  Wholesale Trade Construction	n and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Conne Brown and Tammy L.  Color Brown and Tam	E D.: ID 00700 0000 1
5. Name and address for this acknowledgme copy is (if other than #4 above):	ent Phone number (optional): <u>208-200-03</u> 45
	Secretary of State use only
Signature: <u>Connuc Brown</u> Printed Name: Connie Brown	IDAHO SECRETARY OF STATE  2/65/2007 05:  CK: 7686 CT: 289383 BH: 183  1 9 25.66 = 25.66 ASSUM ME
Capacity/Title: Partner	6