

Capacity/Title: <u>Owner</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2003 MAR -3 PM 2: 36

Please type or print legibly. NOTE: See instructions on reverse before filing. SEUM MARY OF STATE STATE OF IDAHO

	.
The assumed business name which the business is:	undersigned use(s) in the transaction of
Scotsman Refrigero	ation & Dairy Service
2. The true name(s) and <u>business</u> address business under the assumed business r Name Mike Dundes	
Decky Dundas	
3. The general type of business transacted	d under the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledged copy is (if other than # 4 above).	4
	(208) 585-9528
	Secretary of State use only
11/5	59d K
Signature: (signature required)	Secretary of State
Printed Name: Mike Dundas	

IDAMO SECRETARY OF STATE

03/04/2003 05:00

CK: 2688 CT: 158618 BM: 666269
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