

Printed Name: KVA

Capacity/Title: OWNTOR

(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.

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

FSR ENTERPRISES	f the entity or individual(s) doing
The true name(s) and business address(es) or business under the assumed business name:	•
Name FURT J. MALLEY 3	Complete Address 317 1/2 FND IANA ST.
I-UKI J. MITULI	LOEUR D ALENE, ID,
	23 GILL
Retail Trade Wholesale Trade Construction Services Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: CURT T MALLEY 317 1/2 FNOIANA, ST. COA, TO 33814	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
6. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (203) 660-2767
	Secretary of State use only

IDAHO SECRETARY OF STATE
91/25/2005 05:00
CK: 511 CT: 158010 BH: 789062
1 0 25.00 = 25.00 ASSUM NAME # 2

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