

(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.

2002 MAY 28 AM 9: 51

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

SECRETARY OF STATE

		STATE OF IDAHU	
1. The assumed business name which the und	dersigned	use(s) in the transaction o	f
business is:	6.	Mayar	
Equipment Used For Gol	Tuno	riore	
2. The true name(s) and <u>business</u> address(es)	of the en	tity or individual(s) doing	
business under the assumed business name		ary or individual(o) doing	
Nam <u>e</u>		Complete Address	
Gean Schooling	4424	W. Hoover St 8:	3705
03377		<u> </u>	<u> </u>
			
3. The general type of business transacted un	der the a	ssumed business name is:	
	and Duk	lia 1 Itilitiaa	
Retail Trade Transportation	and Pub	iic otiinies	
Wholesale Trade Construction	ſ		–
Services Agriculture		Submit Certificate of	
☐ Manufacturing ☐ Mining		Assumed Business	
Finance, Insurance, and Real Estate		Name and \$20.00 fee to:	
4. The name and address to which future		Secretary of State	
correspondence should be addressed:		700 West Jefferson	
Gean Schooling		Basement West PO Box 83720	
		Boise ID 83720-0080	
4424 W. Hoover St.	ļ	208 334-2301	
Boise, ID 83705	1		<u></u>
5. Name and address for this acknowledgme	nt	Phone number (optional):	
COPY is (if other than # 4 above):			
		Secretary of State use on	ılv
		occiously of outle account	,
A	n.p65		•
Signature: (Lean M Schoolings	mstat 001	IDAHO SECRETARY	OF STATE
Ga M C I al	abn fo d 01/2	CK: 8346 CT: 158810	95 : 99 附: 468181
Signature: <u>Clan M Schooling</u> Printed Name: <u>Gean M. Schooling</u>	forms\abn forms\ Revised 01/2001	1 8 20.08 = 20.00	SSUM NAME # 2
Capacity: 0WNeY	g'corp/formslabn formslabn.p65 Revised 01/2001	1 /2	5252
	5 5		