Printed Name: _

Capacity/Title: Owner

(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. 2005 AUG -8 AM 9: 56

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

The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing e:
Name	Complete Address
Nyank, Cook	710 N 315E
	Rupert ID 83350
. The general type of business transacted und	er the assumed business name :-
	
	and Public Utilities
☐ Wholesale Trade☐ Construction☐ Agriculture	
- I sylvanare	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Kran B. Cook	Basement West
SION BIFE	PO Box 83720 Boise ID 83720-0080
Rugert ID 83350	208 334-2301
. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	(208) 312-3023
	(00) 110-1003

IDANO SECRETARY OF STATE

68/08/2005 05:00

CK: 1277 CT: 158810 BH: 984989
1 0 25.00 = 25.00 ASSUM NAME 1 2

20397