

Capacity/Title:

owner

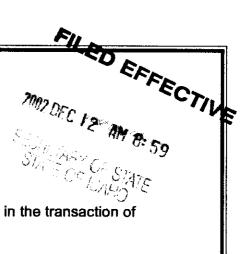
(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



or individual(s) doing emplete Address th Pony Ave. Boise, ID. 83709 ned business name is:
ned business name is:
ned business name is: tilities
tilities
tilities
Submit Certificate of
Assumed Business
Name and \$20.00 fee to:
Secretary of State
'00 West Jefferson
Basement West
PO Box 83720
30ise ID 83720-0080 208 334-2301
.00 004-2001
one number (optional):
362-9520
Secretary of State use only

IDAHO SECRETARY OF STATE
12/12/2002 05:00
CK: 3620 CT: 158010 BH: 658992
1 8 28.08 = 28.00 ASSUM NAME # 3

D 60 678