FILED EFFECTIVE



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 filling a certificate of Assumed Business Name.

2005 DEC -5 PM 2 16

Please type or print legibly.

NOTE: See instructions on reverse before filling.

SECRETARY OF STATE

The true name(s) and business address(es) of the entity or individual(s) doing ousiness under the assumed business name:	
Name Elizabeth Beresford	Complete Address 10.19 Main St. Wardner, 1D 83837
Pay Klein	10187 E. Notina Trail Scottsdale, Az 85242
e general type of business transacted under the assumed business name is:	
I/GIGH I I OVG	on and Public Utilities
Wholesale Trade Construction Services Agriculture	
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
name and address to which future	Secretary of State
respondence should be addressed:	700 West Jefferson Basement West
Betsy Borsford	PO Box 83720 Boise ID 83720-0080
	208 334-2301
019 Main Street	
Jardner, ID 83837	Phone number (ontional):
<u> </u>	
Vardner, ID 83837  Ime and address for this acknowledgm	Phone number (optional):  208-783-0470

IDAHO SECRETARY OF STATE
12/06/2005 05:00
CK: 1200 CT: 158010 BH: 925262
1 0 25.00 = 25.00 ASSUM NAME # 2

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