

Signature: Xane //

Capacity/Title: GWner

Printed Name: <u>hane</u> Mi

(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.

FILED EFFECTIVE

05 SEP -6 PM 12: 32

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the the business is: 	undersigned use(s) in the transaction of
i A/ i V	\
Wilkins Enterp)r15e5
2. The true name(s) and <u>business</u> address(business under the assumed business na	(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
hane Wilkins	P.O. Box 7673
	Boises TJ.
	83707
The general type of business transacted in the second control of the second control	
3. The general type of business transacted	under the assumed business name is:
Retail Trade Transportation	on and Public Utilities
Wholesale Trade Construction	n
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estat	te Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Lana Malla	Basement West
Nane WIININS	PO Box 83720 Boise ID 83720-0080
- F.O. Box 7613	208 334-2301
Baise, Id. 83707	
5. Name and address for this acknowledgm	nent Phone number (optional):
COpy is (if other than # 4 above):	208-841-1009
	(AUD- D71-100)
	Secretary of State use only
	Secretary or State use only
1 1 1	9991

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IDAHO SECRETARY OF STATE

99/96/2005 05:00

CK: 2579 CT: 192007 BH: 910010

1 0 25.00 = 25.00 ASSUM NAME # 2

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