27	
CERTIFICATE OF ASSUMED B (Please type or print legibly. See instruction of the SECRETARY OF STATE, STATE OF IDAR Pursuant to Section 53-504, Idaho Code, to give notice of adoption of an Assumed But 1. The assumed business name which the undersigned business is:	THO SECRETARY OF STATE
2. The true name(s) and business address(es) of the enbusiness under the assumed business name is/are: Name Name Onxides N	tity or Individual(s) doing
The general type of business transacted under the ass (mark only those that apply)	sumed business name is:
Services Construction M	ransportation and Public Utilities inance, Insurance, and Real Estate lining
4. The name and address to which future correspondence should be addressed:	er (optional): <u>708-438-78</u> 10
PAUL, 10 83347	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above);	Secretary of State 700 West Jefferson Basement West PO Box 83720

olae ID 83720-0080 208 334-2301

Secretary of State use only

Signature: Printed Name:

Capacity:

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

02/02/2001 09:00 CK: 3388 CT: 141789 BH: 376618

1 8 20.00 = 20.00 ASSUM NAME # 2

D-42534