## FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME OCT 17 PM 4: 56

Pursuant to Section 53-504, Idaho Code, the undersigned one was submits for filling a certificate of Assumed Business Name STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

ne entity or individual(s) doing
Complete Address
po box 161
priest river id 83856
Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
208 334-2301
Phone number (optional):
208-448-0847

Signature:

Printed Name: JO

Capacity/Title: <u>OWWER</u>

(see instruction # 8 on back of form)

D 92727

IDAHO SECRETARY OF STATE
10/18/2005 05:00
CK: 637016 CT: 172099 BH: 917619
1 0 25.00 = 25.00 ASSUM NAME 1 2