

## CERTIFICATE OF ASSUMED BUSINESS NAMELED EFFECTIVE

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.

SIATE STATE DE IDAHO

1. The assumed business name which the under business is:  A fford Able  Teach  Teach	rsigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Tommy Lie Conn	
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Aftrobable Teaus Missions  25 bout Club Rd  Sagle To 83860  5. Name and address for this acknowledgment	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
COPY IS (if other than # 4 above):	208-265-0472  Secretary of State use only
Signature: (signature required)  Printed Name: Tommy Conn  Capacity/Title: OWNTR  (see instruction # 8 on back of form)	IDAND SECRETARY OF STATE  96/01/2004 95 = 00  CX: 92872750343 CT: 158819 BN: 747972  1 9 25.88 = 25.88 ASSUM NAME \$ 2

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