

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

JUL 16 11 30 AM '01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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| 2. The true name(s) and <u>business</u> address(e business under the assumed business name  Name  Victoria L. S. Maness          | es) of the entity or individual(s) doing ne: <u>Complete Address</u> /5/5 LINCOLN AVE  BOISE, Id. 83706                               |
|--|---|
| 3. The general type of business transacted uses a Retail Trade Transportation Wholesale Trade Construction                       | on and Public Utilities   |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  | Submit Certificate of<br>Assumed Business   |
| 4. The name and address to which future correspondence should be addressed:  VICTORIA MANESS  1915 LINCOLN AUC  BOISC, Td. 83704 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301                                     |
| <ol> <li>Name and address for this acknowledgme<br/>copy is (if other than # 4 above):</li> </ol>                                | ent Phone number (optional):  208):345-6199   |
| Signature: Victory L. & Maries   | Secretary of State use only   |
| Printed Name: VILTORIA 1.5. LANESS  Capacity: OWNER OPERATOR  (see instruction #8 on back of form)                               | IDAHO SECRETARY OF STATE  IDAHO SECRETARY OF STATE  97/17/2001 05:00  CK: CASH CT: 14898 BH: 488199  1 2 28.86 = 28.80 ASSUM MANE # 2 |