

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

	E <sub>4</sub> ,
CERTIFICATE O	
ASSUMED BUSINES	S NAME
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 bef	fore filling
The second of Foverse Del	ore ming.
The assumed business name which the up husiness is:	ndersigned use(s) in the transaction of
DUSH 1033 13.	
WEBSTER CUSTOM	WIRING
<ol><li>The true name(s) and business address(e business under the assumed business nar</li></ol>	s) of the entity or individual(s) doing
Name	
MATT WERSTER	Complete Address
- IVII IVCISSIEE	3650 SYCAMORE CIP.
	MAHO FALLS, ID.
	83402
3. The general type of business transacted ur	nder the assumed husiness name is:
Retail Trade	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) 794 - 8827
	Source
	Secretary of State use only
inature: Natt with	stabn formstabn.p65
(signature required)	skabn formsis
nted Name: MATT WERSTER	AG A

IDAHO SECRETARY OF STATE 06/21/2004 05:00 CK: 93 CT: 158010 BH: 751366 1 0 25.00 = 25.00 ASSUM NAME # 2