

Capacity/Title:

(see instruction #8 on back of form)

## 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.

2004 SEP 14 AH 8: 52

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

D79988

1. The assumed business name which the undersigne	d use(s) in the transaction of
business is:	^   [
Twin PEAKS REAL 8	estate
2. The true name(s) and <u>business</u> address(es) of the	entity or individual(s) doing
business under the assumed business name:  Name	Complete Address
Twin PEAKS TEANSPORTATION LIC S	• ( ( )
TWINTEAS TEANSON A 4701 LC	5026 W. Moeninggale W
- VVV(20	S015e 11 B 85 7/35
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	blic I Itilities
	blic Guides
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	700 West Jefferson
this probes to and the un	Basement West
TWIN TEALS MANAGOLIANION LA	PO Box 83720 Boise ID 83720-0080
5026 N. Moenggale Way	208 334-2301
Boise 1711 83113	
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	938-0134
	,
	Secretary of State use only
2	
- L. M	
gnature: XS A A AS	IDAHO SECRETARY OF STATE 09/14/2004 05:00
inted Name: X & / ( LAWS )	CK: 1371 CT: 158010 BH: 76589 1 0 25.00 = 25.00 ASSUM NAME: