

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFE

D14043

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 747 -5 Alf 9: 09

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

NOTE. See histractions on leverse belo	OF IDAHO	
The assumed business name which the undoposition business is:      PS White Enterprise	ndersigned use(s) in the transaction of	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name  Paul White  Sara White	• • • • • • • • • • • • • • • • • • • •	
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business	
4. The name and address to which future correspondence should be addressed:  6606 W. Timberline St  Rathdrum 10 83858	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 copy is (if other than # 4 above):</li></ol>	ent Phone number (optional): (208) 140-0343	
	Secretary of State use only	
Signature: Pawl & ## (signature required)  Printed Name: Paul E. White  Capacity/Title: Owner	IDAHO SECRETARY OF STATE  O5/05/2004 05:00  CK: 2384 CT: 158910 BH: 743299  1 0 25.00 = 25.00 ASSUM NAME #	e