

CERTIFICATE OF ASSUMED BUSINESS NAME

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

05 MAY - 1 PM 1:38

THE PROPERTY

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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NOTE. See instructions on reverse before fining.		STATE THE IDAHO	
1. The assumed business name which the ubusiness is: CET HANDUMAN	ındersigned	d use(s) in the transaction of	
2. The true name(s) and business address(e business under the assumed business na Name		ntity or individual(s) doing Complete Address W Lowada C+ BoseTD	<u>18</u> 3)¢
3. The general type of business transacted t	under the a	ssumed business name is:	-
Retail Trade Transportation Wholesale Trade Construction		olic Utilities	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate			
4. The name and address to which future correspondence should be addressed:) 53/04	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledge copy is (if other than # 4 above):		Phone number (optional):	
9521 W. Lorinda of BoigIDS	3324	Secretary of State use only	
Signature: (signature required)	g 'corp/forms/abn forms/abn.p65 Revised04/2003	08933	5
Printed Name: PARITE GARS	forms/abn form:	IDAHO SECRETARY OF S	
Capacity/Title: <u>\\\\\\\\\\</u>	t \corp\fc	CK: CASH CT: 158010 B	
(see instruction # 8 on back of form)	[D)	1 @ 25.00 = 25.00 ASSU	ят пиняс и с