

Printed Name:

Capacity/Title:\_(

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 APR 23 AN 9: 22

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

1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address  Helly Wayno Geissler  SHING	_ Nc
3.	The general type of business transacted under the assumed business name is:  Retail Trade	
	The name and address to which future correspondence should be addressed:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than #4 above):  208-442-1130	
nati	Secretary of State use only	<b>f</b>

IDAHO SECRETARY OF STATE

94/22/2005 05:00

CK: 415111136 CT: 158010 BH: 806215
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