

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2004 MIN 16 AM 8: 48

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 before filing.

A STATE OF IDAHO

The true name(s) and business add business under the assumed business	ress(es) of the entity or individual(s) doing ss name:
Name DANA DUCAN	Complete Address 317 E. Silven St. Hailey Ld. 8
- DOGAN	(P.O. Box 4054 Kerehum)
The general type of hypiness transc	oted under the provinced business are selected.
	cted under the assumed business name is:
	ortation and Public Utilities
☐ Wholesale Trade ☐ Consti	turo
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real	Name and COE OO for to
The name and address to which futi	
correspondence should be addresse	d: 700 West Jefferson
P.O. Box 4054	Basement West
Ketchum Ld 8339	PO Box 83720 Boise ID 83720-0080
neighbri, ta (33)	208 334-2301
i. Name and address for this acknow	edgment Phone number (optional):
CODY is (if other than # 4 above).	

IDAHO SECRETARY OF STATE 06/16/2004 05:00 CK: 4199 CT: 158010 BH: 750672 1 @ 25.00 = 25.00 ASSUM MANE # 2