

Capacity/Title: (new

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE OF ASSUMED BUSINESS N. Pursuant to Section 53-504, Idaho Code, the un submits for filing a certificate of Assumed Busine Please type or print legibly.	ess Name.
1. The assumed business name which the underst business is:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Calob G. Harper (or	Complete Address
3. The general type of business transacted under the last of the l	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed: Caleb G. Harper (p17 French Creek C7 Nam Da TXO 83686	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
	Secretary of State use only
Signature: (signature required) Printed Name: Oloh G . HCV POV	IDAHO SECRETARY OF STATE 68/14/2003 05:00 CK: 113153 CT: 147882 BH: 696328

08/14/2003 05:00 CK: 113153 CT: 147882 BH: 696328 1 8 25.86 = 25.86 ASSUM NAME # 2