

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

(see instruction # 8 on back of form)

CERTIFICATE OF	?On EFF
ASSUMED BUSINESS	S NAME
Pursuant to Section 53-504, Idaho Code, tl	the undersigned
submits for filing a certificate of Assumed B  Please type or print legibly.	Business Name.
NOTE: See instructions on reverse before	S NAME the undersigned Business Name.  San Angle Angle San Angle S
The assumed business name which the und business is:	dersigned use(s) in the transaction of
INSIde - outside	SALES
<ol> <li>The true name(s) and business address(es) business under the assumed business name</li> </ol>	) of the entity or individual(s) doing ie:
Name	Complete Address
GREG C. HALLMAN	992 N. PriNciple WAY
	Meridian Ud 83642
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  The services Agriculture Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  TNSIDE - ONTSIDE - SALES G-REG- C- HAIIMAN	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt Phone number (optional): 208-841-8564
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ature:	208-8 41 - 856 4  Secretary of State use only
COpy is (if other than # 4 above):	208-841-8564

IDANO SECRETARY OF STATE 10/13/2004 05:00 CK: 1151 CT: 150010 BH: 778867 1 0 25.00 = 25.00 ASSUM NAME # 2