FFECTIVE

Printed Name: ///

Capacity/Title: Owner

(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

	-		-	_		
NOTE:	See	instructions	on	reverse	before filing.	

submits for filing a certificate of Assumed Business	Name.		
Please type or print legibly.	g.		
NOTE: See instructions on reverse before filin	a. ~~~~.		
The assumed business name which the undersign	ned use(s) in the transaction of		
business is	1100 000(0) 117 070 0 111111111111111111111111111		
= 3H2 o Power washin	'a		
The true name(s) and business address(es) of th	e entity or individual(s) doing		
business under the assumed business name:			
Name	Complete Address		
Rick Wycott 25	02 N. Powder horn ST.		
Po	st talls 4dono 83854		
	ne assumed husiness name is:		
The general type of business transacted under the	le assumed business name is:		
Retail Trade Transportation and	Public Utilities		
Wholesale Trade Construction			
Services Agriculture	Submit Certificate of		
Manufacturing Mining	Assumed Business		
Finance, Insurance, and Real Estate	Name and <b>\$20.00</b> fee to:		
	Secretary of State		
<ul> <li>The name and address to which future correspondence should be addressed:</li> </ul>	700 West Jefferson		
Correspondence should be dedicated.	Basement West		
Kick Wyaott	PO Box 83720 Boise ID 83720-0080		
2502 N. Powderhorn St.	208 334-2301		
Post Falls, Idaho 83854			
5. Name and address for this acknowledgment	Phone number (optional):		
CODV is (if other than #4 above).			
	Secretary of State use only		
	Sectionly of state assessing		
nature: Ruk C. Uycoff	2007		

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