

## **CERTIFICATE OF** ASSLIMED BUSINESS NAME

FILED/E

Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business No Please type or print legibly.	
Please type or print legibly.  NOTE: See instructions on reverse before filing.	10 MM 9: 46
1. The assumed business name which the undersigne business is:	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Some Manes  Biograph	ntity or individual(s) doing  Complete Address  No. Man St  CKfcct, III.
3. The general type of business transacted under the Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  THINK M. JANES  321 N.W. Main St.  Blackfact, ID: 83221	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above).</li></ol>	Phone number (optional): 208-785-3525
consture: PMMWM Jan 1	Secretary of State use only

Printed Name: JEGNNIE M. James Capacity: Dune (see instruction # 8 on back of form)

IBAHO SECRETARY OF STATE
49/18/2001 05:00
CK: 2988 CT: 151482 BH: 419678
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