

Signature: ____

Printed Name: ___

Capacity/Title:____

(signature registred)
RONALD ROGERS

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. FILED EFFECTIV

2005 July - 107 8: 63

Contract Con

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
RONALD ROGERS	659 RIVERVIEW DRIVE
	TWIN FALLS, IDAHO 83301
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
correspondence should be addressed:	
correspondence should be addressed:	Basement West
correspondence should be addressed: RONALD ROGERS	
correspondence should be addressed: RONALD ROGERS 659 RIVERVIEW DRIVE	Basement West PO Box 83720
correspondence should be addressed: RONALD ROGERS 659 RIVERVIEW DRIVE TWIN FALLS, IDAHO 83301	Basement West PO Box 83720 Boise ID 83720-0080
correspondence should be addressed: RONALD ROGERS 659 RIVERVIEW DRIVE TWIN FALLS, IDAHO 83301 Name and address for this acknowledgment	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
correspondence should be addressed: RONALD ROGERS 659 RIVERVIEW DRIVE TWIN FALLS, IDAHO 83301 5. Name and address for this acknowledgment copy is (if other than #4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

IDAHO SECRETARY OF STATE

06/01/2005 05:00

CK: 2370 CT: 158018 BH: 813568

1 8 25.88 = 25.88 ASSUM NAME # 2

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