



Printed Name:

Capacity/Title:

(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.

2005 AUG -8 AM 9: 12

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersubusiness is:	signed use(s) in the transaction of
	The true name(s) and business address(es) of business under the assumed business name: Name Borbora Kehce, 2	Complete Address O25 Septonia Jaho Falls, rep 83404
3.	The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
	The name and address to which future correspondence should be addressed: Barbara A. Hehol 2025 Sequoio Yldaho Galls Fill	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 20 <u>8 - 524 - 53</u> 55
		Secretary of State use only

IDAHO SECRETARY OF STATE

28/28/2925 25 20

CK: 23686 CT: 158010 BH: 985820
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