



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 NOV -4 AM 9:48

SECRETARY OF STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

TOPP MARKETING

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>CLIFTON R. TOPP</u>	<u>5979 Overland, Boise 83709</u>
<u>Barbara S. TOPP</u>	<u>5979 Overland, Boise 83709</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Barbara S. TOPP
9619 W. Littlewood Drive
Boise Id 83709

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same

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

Phone number (optional):

208-362-9335

Signature: Barbara S. Topp

(signature required)

Printed Name: Barbara S. TOPP

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
11/04/2004 05:00
CK: 2151 CT: 150010 BH: 774976
1 @ 25.00 = 25.00 ASSUM NAME # 2