

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

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

JC	OLT N BOLT
The true name(s) and business address business under the assumed business n	name:
Name STACY BERTI	Complete Address 301 BERYL KELLOGG ID 83837
	30 / BEN / E NELLOGO // 0303/
. The general type of business transacted	d under the assumed business name is:
	ition and Public Utilities
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	
	Subtrikt Certificate of
ManufacturingMiningFinance, Insurance, and Real Esta	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
STACY BERTI	PO Box 83720
301 BERYL KELLOGG ID 83837	Boise ID 83720-0080
	208 334-2301
5. Name and address for this acknowledg	gment Phone number (optional):
COPY is (if other than # 4 above).	<u>786</u> -7036
STACY BERTI	
301 BERYL KELLOGG ID 83837	Secretary of State use only
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nature: Hall (But)	nakabn formskabn. p65

IDAHO SECRETARY OF STATE

07/30/2004 05:00

CK: 6124 CT: 156010 BH: 758244

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