

Capacity:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

SECRET/:

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

Aug 23 | 10 oa AM '01

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Julie A. HanTLey	of the entity or individual(s) doing: Complete Address 439 ada St Boise, Idaho 83702
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: 434 Codo St Bouse Idaho 83,706	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208-342-/201

08/23/2001 05:00 CK: 2025 CT: 150409 BH: 415163 1 8 20.00 = 20.00 ASSUM NAME # 2