

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

60 1111-7 AM 9:58

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

	1
1. The assumed business name which the und business is:  PACKAGING PLUS	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Bruce Kenneth Dukelow	of the entity or individual(s) doing  Complete Address  516 E. Feather View Drive,
	Eagle, 10Arto 83616
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
Packaging Plus 1516 E. Feather View Dr. Eagle, 70 83616	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgmer copy is (if other than #4 above):</li></ol>	Phone number (optional):  208-938-2006
	Secretary of State use only
Signature: Bruce K. Dukelow  Printed Name: Bruce K. Dukelow  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  1000
(see instruction # 8 on back of form)	1) 6/2/2