

Capacity: DWNex

(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.

FILED/EFFECTIVE

STATE OF IDAHO

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

Conner Investor	ent traperty:
business under the assumed busine	
Name	Complete Address
Konald & Conner	5325 Stamm Ln. Nampa, 2d 5000
Barbara Conner	Same
3. The general type of business trans-	cted under the assumed business name is:
Retail Trade Trans	ortation and Public Utilities
	uction
☐ Services ☐ Agric	Submit Certificate of
Manufacturing Minin	,
Finance, Insurance, and Rea	Estate Name and \$20.00 fee to:
4. The name and address to which fut	ire Secretary of State
correspondence should be address	
m m. D. 11CC.	Basement West
TIF TIPS. TIMBLE 1-10	nner PO Box 83720 Boise ID 83720-0080
5325 Stamm Mr.	208 334-2301
Mampa, 1d. 8368)	
5. Name and address for this acknow	ledgment Phone number (optional):
COPy is (if other than # 4 above):	208-461-7019
	Secretary of State use only
	v ₂
0 1 0	DAHU SECRETARY OF STATE
mature Manual manual	IDAHU SECRETARY OF STATE
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greorptorms/abn forms/a Revised 01/2001

IDAHO SECRETARY OF STATE

22/14/2002 05:00

CK: 4000 CT: 157359 BH: 446386

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