

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFEGTIVE

STATE OF STATE

please type of print to such	STATE OF IDAHO
NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
2. The true name(s) and <u>business</u> address(cs) or the st	
business under the assumed business name.	Complete Address
<u>Name</u>	0000
Lavan Dresen 705	
Em	mett, Id. 83617
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
<u> </u>	Assumed Business
ManufacturingMiningFinance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West PO Box 83720
Lavon Dresen	Boise ID 83720-0080
205 Williams RO.C	208 334-2301
- 10 C C C C C C C C C C C C C C C C C C	
Immett, Ld. 83011	and the second section of the second

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

Phone number (optional):

Secretary of State use only

Signature: Printed Name:_

Capacity/Title: _ DW Ne

(see instruction #8 on back of form)

IDANO SECRETARY OF STATE 07/29/2002 05:00 CK: 4625 CT: 158818 BH: 479579

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