

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned purify the filling a certificate of Assumed Business Name. The filling a certificate of Assumed Business Name.

Please type or printlegibly.

NOTE: See instructions on reverse before filing.

	CONTRACT IDAILO
1. The assumed business name which the undersig business is:	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  You Grover  M	e entity or individual(s) doing  Complete Address  DROX 71  iddleton, ID 83644
3. The general type of business transacted under th  Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Ken & Elva Crover  Po Box 71  Middleton, ID 83644	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-585-5851
	Secretary of State use only
Signature: Elva Sraves  Printed Name: EIVA Grover  Capacity/Title: Cuner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE <b>61/14/2004 65:00</b> CK: 1928 CT: 158818 24, 22127