

Printed Name:

Capacity/Title:

(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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2006 DEC 21 AM 8:51

SECRETARY OF STATE STATE OF IDAHO

Uniqe C	ch the undersigned use(s) in the transaction of Leaning Company
business under the assumed business	ddress(es) of the entity or individual(s) doing
Name	Complete Address
Colleen Marie?	brown P.O. Box 1426
	0000
	- DA Harum ID
	<u> </u>
3. The general type of business trans	sacted under the assumed business name is:
Wholesale Trade Cons	sportation and Public Utilities struction
	culture Submit Certificate of
☐ Manufacturing ☐ Minir	
☐ Finance, Insurance, and Rea	Name and \$25.00 fee to:
4. The name and address to which fu	
correspondence should be address	sed: 700 West Jefferson
Colleen Marie B	Dac (1) Basement West
P.D. BOX 1426	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknow	
COPY is (if other than # 4 above):	
	208-964-0107
	Secretary of State use only
	8
gnature: Moon M. Brown	D Solver

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IDAHO SECRETARY OF STATE

12/21/2006 05:00

CK: 1828 CT: 158818 BH: 1828911

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