

Printed Name: Connie

Capacity/Title: Qui n Q

(see instruction # 8 on back of form)

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.

03 SEP 29 AM 10: 28
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	
Cornie Leek 8	Complete Address 103 W Beckloux Ase D 23714
. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	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	Phone number (optional): 208.376, 1899
CODY IS (if other than # 4 above):	•

Revised 04/2003

IDAHO SECRETARY OF STATE
09/29/2003 05:00
CK: 3821 CT: 158818 BH: 784813
1 8 25.88 ASSUM NAME # 2

049237