

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.

02 JAN 22 AM 10: 21 STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1.	The assumed business name which the undersigned use(s) in the transaction of ousiness is:	
	CAPITOL BID S	ERVICE
2.	The true name(s) and <u>business</u> address(es) of t business under the assumed business name: <u>Name</u> KEVIN WADE	he entity or individual(s) doing <u>Complete Address</u> 14563 W. KENSINGTON CT.
		BOISE, ID 83713
3.	The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	
	correspondence should be addressed: KEVIN WADE 14563 W. KENSINGTON CT. BOISE, ID 83713	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):
		Secretary of State use only
rinte	ed Name: KEVIN WADE city/Title: OWNER	IDAHO SECRETARY OF STATE 1 1/22/2002 05:00 CK: 1541 CT: 156089 BH: 441500 1 0 20.00 = 20.00 ASSUM NAME # 2

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