

Capacity/Title: () () () ()

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

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

105 FEB 27 Pi 2: 12

Please type or print legibly.

NOTE: See instructions on reverse before filing.

	ed business name:
Name Wallowe W. Kimball	Complete Address 4280 Sondhallow Rd New Phymruth 836
3. The general type of busines	ss transacted under the assumed business name is:
Retail Trade Wholesale Trade	Transportation and Public Utilities Construction
☐ Services ☐ Manufacturing ☐ Finance, Insurance, a	Agriculture Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to we correspondence should be HORO Somehallon; Rd.	addressed: 700 West Jefferson Basement West PO Box 83720
$A \cap A \cap A$	208 334-2301
New Phymosoth, 10	
5. Name and address for this copy is (if other than # 4 above):	Phone number (optional):

IDAHO SECRETARY OF STATE

02/28/2006 05:00

CK: 1 CT: 158010 BH: 940129
1 0 25.00 = 25.00 ASSUM NAME # 2

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