

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 7.27 Pri St. 03

Please type or print legibly.

NOTE: See instructions on reverse before filing.

• •	nd business address(es) of the assumed business name: e	e entity or individual(s) doing Complete Address
		Bradley St. Twin Fully, ID8
The general type of	business transacted under the	e assumed business name is:
Retail Trade	Transportation and F	ublic Utilities
Services Manufacturing	Agriculture Mining mance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and addr correspondence sho	··	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address copy is (if other than # 4	s for this acknowledgment	Phone number (optional): (208) 308 -712
		Secretary of State use only

IDAHO SECRETARY OF STATE

10/27/2005 05:00

CK: 1020 CT: 158010 BH: 919174

1 0 25.00 = 25.00 ASSUM NAME # 2

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