

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

2005 M

FILED EFFECTIVE

2005 MAR 31 AM 8: 27

STATE OF IDAHO

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. 1. The assumed business name which the undersigned use(s) in the transaction of business is DeLivery Service 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 13306 NCHASE RD 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to 4. The name and address to which future Secretary of State correspondence should be addressed: 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): 209-818-2952 Service Home 208-687-0256 Secretary of State use only Printed Name:

IDAHO SECRETARY OF STATE
03/31/2005 05:00
CK: 287556101 CT: 158010 BH: 801872

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