

Signature:\_

Printed Name:

Capacity/Title:\_

BWNCK (see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS 2 AME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly

STATE

NOTE: See instructions on reverse before filing.	
The assumed business name which the undersign business is:      Aucks Bark	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Muck was jed 1/4	e entity or individual(s) doing  Complete Address  E. Main  Iddleton, Tdaho 83644
3. The general type of business transacted under the  Retail Trade Transportation and Pour Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Chuck Landield  Isog Dech Aue  Nampa Td 83651	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 - 403 - 1331

Secretary of State use only

082088

IDAHO SECRETARY OF STATE 12/21/2004 05:00 CK: 1546 CT: 158010 BH: 782780 1 0 25.00 = 25.00 ASSUM MANE # 2