

## CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. PM 2: 13

Please type or print legibly. SECRETARY OF STATE NOTE: See instructions on reverse before fill of IDAHO

1. The assumed business name which the up business is:	
2. The true name(s) and <u>business</u> address(e business under the assumed business name  Name  Don Appleby  Taylor Appleby	es) of the entity or individual(s) doing time:  Complete Address  854 E. River Park LN. 83700
3. The general type of business transacted use Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	on and Public Utilities  Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional): 208/250 - 8437
Signature: (signature required)	Secretary of State use only
Printed Name: Don Apple by  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  11/67/2003 05:00  CK: 1569 CT: 158010 BH: 710632  1 25.00 = 25.00 ASSUM NAME # 2

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