

Signature: <u>Tam</u>

Printed Name: HM

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2005 MAR 18 AM 8: 59
STATE OF IDAHO

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:  **ERAFTY **ERATIONS**  **TRAFTY **ERATIONS*	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  BRIGGS  Briggs	Complete Address  5 Snowflake DR.  Dise, FdAHO 83706
3. The general type of business transacted under the and Retail Trade	
4. The name and address to which future correspondence should be addressed:  PAM J. BRIGGS  2755 Snowflake Dr. Boise, Id. 83706	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional): (218)336-8386
	Secretary of State use only

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IDAMO SECRETARY OF STATE 93/18/2995 95:99 CK: 1874 CT: 158818 BH: 799289 8 25.88 = 25.88 ASSUM MANE # 3

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