

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

- 1 (A) 1 **59** 

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.

David Eells

Owner

(see instruction #8 on back of form)

Printed Name:

Capacity/Title:

. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name:  Name  David M. Eells	Complete Address 2217 E. York Ave Nampa, ID 83686
The general type of business transacted unde	r the assumed business name is:
<ul> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Services</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  David M. Eells	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
2217 E. York Ave	
	Phone number (optional): 208-371-5948

IDAHO SECRETARY OF STATE

91/25/2007 05:00

CK: 1208 CT: 208941 BH: 1020668

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