fit ordine #1



Capacity/Title:

(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 APR 27 PH 3: 47

Please type or print legibly.

OTE: See instructions on reverse before filing.

STATE OF WAHU

The true name(s) and business address(e	es) of the entity or individual(s) doing
business under the assumed business nar	ame:
Name	Complete Address
Roy Farmer	Po Ros 92 Whitehird ID 82554
	white bud to see y
The general type of business transacted u	under the assumed business name is:
Retail Trade Transportation	ion and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	te Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
0 - 2 + 62	Basement West PO Box 83720
POBOX 96	Boise ID 83720-0080
10hitebried ID 83554	- (208 334-2301) - Cally
	Basement West PO Box 83720 Boise ID 83720-0080 (208 334-2301) Dhane pumber (article)
. Name and address for this acknowledge	ment Phone number (optional): name awar
. Mallie and address to this acknowledge	
COpy is (if other than # 4 above).	

IDAHO SECRETARY OF STATE
04/27/2005 05:00
CK: 865 CT: 158010 BH: 806961
1 0 25.00 = 25.00 ASSUM NAME # 2