

Capacity/Title: () w N & C

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

ONGRANTE ATTO: 03

submits for filing a certificate of Assu	
Please type or print legil NOTE: See instructions on reverse	
business is:	ne undersigned use(s) in the transaction of
2. The true name(s) and business address business under the assumed business Name ARON JOSEPH A	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transact Retail Trade Transport Wholesale Trade Construct Services Agricultum Manufacturing Mining Finance, Insurance, and Real E	tation and Public Utilities ction ure Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed for Box 6 mzparston ID, \$3644	, , , , ,
Name and address for this acknowle copy is (if other than # 4 above).	dgment Phone number (optional): 208 405 5/32
gnature: A Color Poul	Secretary of State use only

IDANO SECRETARY OF STATE 95/17/2005 95:00 CK: 735 CT: 158010 BH: 610793 1 8 25.00 = 25.00 ASSUM NAME N 2