

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

02 NOV 21 AN 10: 20

ELLE ABY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

2. The true name(s) and business address business under the assumed business n	
Name	Complete Address
Dovalas Baker	403 E. Amanita St.
	EAGLE TO
	83616
3. The general type of business transacted	under the assumed business name is:
Retail Trade Transportat	tion and Public Utilities
Wholesale Trade Construction	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
	l Nome and 600 on to a
☐ Finance, Insurance, and Real Esta	ite
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
403 E. Amanita St.	Basement West PO Box 83720
Encl. TD	Boise ID 83720-0080
CHOLE TO	- 208 334-2301
836/6	77/10
Name and address for this acknowledge copy is (if other than #4 above);	ment Phone number (optional):
	Secretary of State use only
gnature: <u>Jose As</u> Baker	— Liberto Secretary of State
epacity/Title: Owner	IDAHO SECRETARY OF STAT

11/21/2002 05:00 CK: CASH CT: 158818 BH: 647293 1 0 20.00 = 20.00 ASSUM NAME N 2

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