

CERTIFICATE OF Pursuant to Section 53-504, Idaho Code, the undersigne ED/EFFECTIVE submits for filing a certificate of Assumed Business Name. Please type or print facility.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

NOTE: See instructions on	reverse before filing.	
The assumed business name values is:	which the undersigne	
PA5TH)	YHE PATTERN	0.5
2. The true name(s) and <u>business</u> business under the assumed bu <u>Name</u>	usiness name:	ntity or individual(s) doing Complete Address OX 99 , HOPE , TO 8383(p
3. The general type of business t	ransacted under the	assumed business name is:
Wholesale Trade Services Manufacturing Finance, Insurance, and 4. The name and address to which correspondence should be address to which correspondence should be address. ANN M. FERBUSON P.O. BOX 99 HOPE, TO 8383 5. Name and address for this address for this address.	ch future dressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPy IS (if other than # 4 above):		(208) 564-5138
	nskabn.p65	Secretary of State use only $D = 53011$
rinted Name: <u>ANN M. FERC</u> Capacity/Title: <u>SOLE PROPRIE</u>	CLOS Noonbloms vabo forms vabo fo	IDAHO SECRETARY OF STATE 93/18/2092 95:00 CK: 6188831397 CT: 158010 BH: 452759 1 8 20.00 = 20.00 ASSUM NAME # 2

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