

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE 2007 MAR -5 PM 1:00 **CERTIFICATE OF**

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.

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The true name(s) and business address(es) or business under the assumed business name: Name Jolie T. West	of the entity or individual(s) doing Complete Address 289 S 1400 W Pingree, ID 83262
3. The general type of business transacted under Practice Practical Practice Practice Practice Practice Practice Practice Practic	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional):
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