

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EF. LUTINE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2003 FEB 10 PM 2: 29

Please type or print legibly.

NOTE: See instructions on reverse before	STATE OF IDAHO
The assumed business name which the un	idersigned use(s) in the transaction of
business is:	
CERTIFIED INSPECTION	
The true name(s) and <u>business</u> address(es business under the assumed business name Name JOHN E. PUTNAM	, , , , ,
The general type of business transacted un Retail Trade Transportatio	nder the assumed business name is: n and Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
PO BOX 651	Boise ID 83720-0080
RATHDRUM, ID 83858	208 334-2301
Karibaan, 20 03070	
. Name and address for this acknowledgme	ent Phone number (optional):
COPY IS (if other than # 4 above):	(208) 687-3510
	Secretary of State use only
ed Name: 20HN E. PUTNAM	1DAHO SECRETARY OF STATE 1000 00 00 00 00 00 00 00 00 00 00 00 00