

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

OF IDAHO

## submits for filing a certificate of Assumed Business Name. Please type or print legibly.

NOTE: See instructions on reverse before filing.

<ol> <li>The true name(s) and business address(e business under the assumed business na Name</li> </ol>	• • • • • • • • • • • • • • • • • • • •
Jim BALIS	2913 whidden St
	Boise, ID 83702
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  MOLIGIE TUVESTMENT GLOB  2913 Whilden St  Bolse, ID 83702	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West
	nent Phone number (optional):
5. Name and address for this acknowledge copy is (if other than # 4 above):	

IDAHO SECRETARY OF STATE @4/29/2004 @5:00 CK: 1258 CT: 158010 BH: 742094 1 0 25.00 = 25.00 ASSUM MANE # 2

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