Printed Name:

Capacity/Title:

(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.

Please type or print legibly.

The assumed business name which the understandings is: Skip's Contracting The true name(s) and business address (s)	
The true name(s) and business address(es) of business under the assumed business name: Name Jekey Tuele	the entity or individual(s) doing Complete Address 9/2 E. me/borne, Nompa,
The general type of business transacted under t	
Vinolesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	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
Jerry Ingle 1912 E. melborne Nampa, ID. 83687	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only

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10/03/2003 05:00
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