

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.

NOTE: See instructions on reverse before filing.

STATE OF IDAH

	e true name(s) and <u>business</u> address(es) of the siness under the assumed business name:	entity or individual(s) doing	
	Name Schulz 35	Complete Address 89 Ridge. Drive Mya	 MD/8
3. The	Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	~~~ • • • • • • • • • • • • • • • • • •	FILED EFT
	e name and address to which future respondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	ain.
	ame and address for this acknowledgment opy is (if other than # 4 above).	Phone number (optional):	
$\frac{S}{\Sigma}$	Herling Sowings Prank 100 N 2nd 3t May 70 83628	Secretary of State use only	

Printed Name: John Schu

Capacity/Title: OUNCY

(see instruction #8 on back of form)

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IDANO SECRETARY OF STATE

98/12/2004 95:200

CK: 1763 CT: 158010 RH: 768536

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