

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFICANCE

Please type or print legibly. NOTE: See instructions on reverse before filing

NOTE. See instructions on reverse belore	TALE
1. The assumed business name which the under business is:	rsigned use(s) in the transaction of
2. The true name(s) and business address(es) or business under the assumed business name:  Name  ATIIIAM JAITKEN  ATTIE  ATTIE	Complete Address
3. The general type of business transacted unde  Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  MITITAM TAITKEN	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
P.O.Box 28 45  HA7/cy, ID 8:2323  5. Name and address for this acknowledgment copy is (if other than #4 above):	Boise ID 83720-0080 208 334-2301 Phone number (optional): 208-788-4198
	Secretary of State use only

Signature: Wille Printed Name: Wallson Jeff Altken Capacity/Title: <u>Owner</u>

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE

05/05/2003 05:00

CK: 91329613582 CT: 158010 BH: 678620
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