CERTIFICATE OF	EII ED
ASSUMED BUSINESS	
Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu	e undersigned BLAUS - 2 FX 2: 17
Please type or print legibly,	STATE OF SUBJE
NOTE: See instructions on reverse befor	e filing.
1. The assumed business name which the unc	lersigned use(s) in the transaction of
business is:	
 The true name(s) and <u>business</u> address(es) business under the assumed business name 	of the entity or individual(s) doing
Name	Complete Address
MICHAEL DELBERT WARREN	BEN BON PLANE WOODWORKS
· · · · · · · · · · · · · · · · · · ·	P.O. Box 1973
2 The general large of large l	EAGLE ID B3616
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities
Services Agriculture	Submit Certificate of
Manufacturing Dining	Assumed Business
Finance, Insurance, and Real Estate	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
P.O. BOX 1973	Boise ID 83720-0080
EAGLE ID 83616	208 334-2301
5. Name and address for this acknowledgmer	nt Phone number (optional):
COPY IS (if other than # 4 above):	859-1208
	Secretary of State use only
Signature: Michael Warnen	IDAHO SECRETARY OF STATE 08/03/2001 05:00 CK: 242 CT: 149648 DH: 411506 CK: 242
Printed Name: Michael Warren	IDANO SECRETARY OF STATE
Capacity: OWNER_	IDANO SECRETARY OF STATE 08/03/2001 05:00
(see instruction # 8 on back of form)	CK: 242 CT: 149648 BH: 411566 1 0 20.00 = 20.00 ASSUM NAME # 2
	1) アノイント
