

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.

(see instruction # 8 on back of form)

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

ine Own	ate Card		
The true name(s) and business address(es) business under the assumed business name Name John Scafetta) :	ntity or individual(s) doing Complete Address ast Plaza Street, Eagle, Idaho 83	B16
The general type of business transacted und	ler the a	serimed prisiness name is.	
Retail Trade Transportation			: .
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:		Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
The Ultimate Card 228 East Plaza Street		(208) 334-2301	
Eagle, Idaho 83616	•	(200) 60 / 200 .	_
. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt		
The Ultimate Card			
228 East Plaza Street		Secretary of State use only	;
Eagle, Idaho 83616	oopVormalebn formslebn.p56 Revised 04/2003	DIYOC	38