

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

APR 29 12 24 PM

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Oyster Bay

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Augie J. Williams
Jon Van Twisk

Complete Address

4221 St. Andrews St. Boise Id.
412 Thatcher St. Boise Id. 83705
Thatcher 83702

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 383-9560

Augie J. Williams
4221 St. Andrews St.
Boise, Id. 83705

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 04/29/1997
0900 87552 2
CK #: NO CK # CUST# 80637
ASSUM NAME 10 20.00= 20.00

: D

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on back of form)