

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 APR 13 AM 11: 35

SECRETARY OF STATE STATE OF IDAHO

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

2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Timothy A. Cop 585	entity or individual(s) doing  Complete Address  W. RAMS HillSt. Kun	. Id 83
3. The general type of business transacted under the  Retail Trade Transportation and Putholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  585 W. Rams Hill St. Kuna Id 83634		
5. Name and address for this acknowledgment copy is (if other than # 4 above):  Signature:   (eignsture required)  Printed Name:   Lingthy A. Cox  Capacity/Title: Occaver  (see instruction # 8 or both 4 (6 or both	Secretary of State use only	

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