

CERTIFICATE OF FILED EFF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned MAR 15 PM 1: 07 submits for filing a certificate of Assumed Business Name: NAR 15

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

(see instruction # 8 on back of form)

STATE OF IDAHO

	Dible 7-1 ce.
 The assumed business name which the undersign business is: 	ned use(s) in the transaction of
Wells ENTERPR	
- WEIS INTERPR	ises
 The true name(s) and business address(es) of the business under the assumed business name: Name 	entity or individual(s) doing
2 - 11 - 0 11-16	Complete Address N Eldonado St. Boise 108370
Jami L. Wells 3000	N Eldonado St. Boise 1083704
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu Wholesale Trade Construction	ublic Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Wells Enterprises	Basement West PO Box 83720
Souto N. Eldorado St. Boise Id. 83704	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	208-323-1844
	Secretary of State use only
Signature: Janif Wells Printed Name: Jami L wells Capacity/Title:	774167
Printed Name: Jam L Wells	IDANO SECRETARY OF STATE
Capacity/Title:	CK: 1751 CT: 158818 BH: 733248
(see instruction # 8 on back of form)	1 @ 25.00 = 25.00 ASSUM NAME # 2