

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

05 SEP 20 PH 1: 32

FILED EFFECTIVE

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

SECRED ALL OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address	• • • =
business under the assumed business n Name	larne: Complete Address
Thomas L. Draper	7787 Misty Glenn Ave. Boise, ID 83709
The general type of business transacted	under the assumed business name is:
	tion and Public Utilities
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	
	Submit Certificate of
	Assumed Business Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
·	Basement West
ATT. Thomas L. Draper Dream Gifts	PO Box 83720 Boise ID 83720-0080
10400 Overland Rd 134	- 208 334-2301
Boise, ID 83709-1449	
. Name and address for this acknowledg	rment Phone number (optional):
CODY IS (if other than # 4 above):	208-830-1829
	<u></u>
	Secretary of State use only
	skabn formstabn.p65
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IDANO SECRETARY OF STATE

09/20/2005 05:00

CK: CASH CT: 158810 BH: 912685

1 8 25.88 = 25.88 ASSUM NAME # 2

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