

Capacity: Sole Proprietor

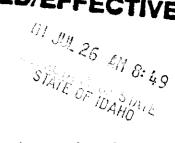
(see instruction #8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED/EFFECTIVE

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.



<ol> <li>The true name(s) and <u>business</u> address( business under the assumed business na</li> </ol>	(es) of the entity or individual(s) doing ime:
<u>Name</u>	Complete Address
William R. CARVER	P.O. Box 15 STAR, Id 83669
The general type of business transacted    X	Submit Certificate of Assumed Business
William R. CARVER P.O. Box 15	Basement West PO Box 83720 Boise ID 83720-0080
STAR, Idaho 83669	208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	ment Phone number (optional):
SAME	

IDAHO SECRETARY OF STATE 07/26/2001 05:00 CK: 1485 CT: 149296 BH: 409972 1 0 20.00 = 20.00 ASSUM MAME # 2

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