

Signature: P

Printed Name: Doug (2)

Capacity/Title: Dwner

(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.

111. OCT 18 AM 12: 38

SECRED ALL OF STATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

	The assumed business name which the undersigned business is:	use(s) in the transaction of
	ABM.	
2.	The true name(s) and <u>business</u> address(es) of the endusiness under the assumed business name: Name Doubles St. Hun+ting 385	Complete Address
3.	The general type of business transacted under the a Retail Trade Transportation and Pub Note: Trade Construction	
	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
	Baise ID 83709	PO Box 83720 Boise ID 83720-0080 208 334-2301
Ę	5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 362 - 7749
		Secretary of State use only
	\$9d*	

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IDAHO SECRETARY OF STATE
10/18/2004 05:00
CK: 1018123504100 CT: 172099 BH: 771622
1 0 25.00 = 25.00 ASSUM NAME # 2