

Capacity/Title:\_

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigne 2006 SEP 20 AM 9: 12 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

	ONEMAN
. The true name(s) and business address(e business under the assumed business na Name  ROBERT HAMMERSLEY	es) of the entity or individual(s) doing time:  Complete Address  59910 HWY 200, CLARK FORK ID 83811
The general type of business transacted t	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
ROBERT HAMMERSLEY 59910 HWY 200, CLARK FORK ID 83811	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional): 208-266-1356

1DAHO SECRETARY OF STATE 09/20/2006 05:00 CK: 1803 CT: 158810 3H: 976878 8 25.80 = 25.80 ASSUM NAME # 2

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