

Capacity:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

<u>Please type or print legibly.</u> NOTE: See instructions on reverse before filling.

me(s) and <u>business</u> address(es) o	f the entity or individual(s) doing
der the assumed business name: Name	Complete Address R2 W Daven port Meridian DD 83643
type of business transacted unde	er the assumed business name is:
Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to:
nd address to which future ince should be addressed: ige Davenport Idian 20 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
address for this acknowledgment er than #4 above):	Phone number (optional):
	Phone

IDAHO SECRETARY OF STATE

08/17/2001 05:00

CK: 2126 CT: 126742 BH: 414129
1 0 20.00 = 20.00 ASSUM NAME 1 2

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