

Printed Name: Elsie A

(see instruction #8 on back of form)

Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE

02 JUL -2 AM 10: 15

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The true name(s) and <u>business</u> address(es business under the assumed business name) of the entity or individual(s) doing e:
<u>Name</u> Ehi A. Johnston	Somplete Address 8 Bunch plucie
	Sarden Valley, Id. 83622
. The general type of business transacted un	der 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: Burker Parker Sarker Valley, 9d. 83622	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional): 462-3001
	Secretary of State use only

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IDAHO SECRETARY OF STATE 97/92/2002 95:20 CK: CASH CT: 158810 BH: 475119 1 8 28.88 ASSUM NAME # 2

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