

Capacity: Dwne

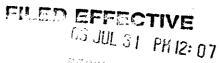
(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



SECRETARY OF STATE STATE OF IDAHO

D67576

	F SI TUAHO
The assumed business name which the undersign	ed use(s) in the transaction of
business is:	1.
Van Doren APPRais	4/5
2. The true name(s) and <u>business</u> address(es) of the	entity or individual(s) doing
business under the assumed business name:	
Name / O	Complete Address
Rebecca Lynn Van Pacen 290	12 Manchester DR
	ldwell, Id 83605
3. The general type of business transacted under the	e assumed business name is:
☐ Retail Trade ☐ Transportation and P	tublic Litilities
	ubiic Otilities
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
	Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	0
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
	Basement West
Nebicc 4 L. VAn Dorn	PO Box 83720
2902 manchester De	Boise ID 83720-0080 208 334-2301
Coldwell. Id & 3608	200 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208-459-6704
	Secretary of State use only
985	
gnature: Becky Van Dorum	
inted Name: Becky Van Dorun	IDAHO SECRETARY OF STATE
rinted Name: Becky Van Dorun	07/31/2003 05:00 CK: 2013 CT: 158010 BH: 693968
/ / Se & Se	1 0 25.00 = 25.00 ASSUM WAME #