

## **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
2004 JUN -9 PM 12: 16
3. STATE SE DAHO

## Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

TOUG	SH GUY LANES
The true name(s) and business address(     business under the assumed business n	c(es) of the entity or individual(s) doing name:  Complete Address  403 E LEWIS POCATELLO, ID 83201
3. The general type of business transacted	
<ul> <li>☐ Retail Trade</li> <li>☐ Wholesale Trade</li> <li>☐ Construction</li> <li>☐ Services</li> <li>☐ Manufacturing</li> <li>☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  STEVE YOUNG  403 E LEWIS  POCATELLO, ID 83201	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgr copy is (if other than # 4 above):</li> <li>STEVE YOUNG</li> </ol>	ment Phone number (optional):
439 EAST PROVIDENT BOISE, ID 83706	Secretary of State use only
gnature: (signature required) STEVE YOUNG apacity/Title: OWNER	Sed understand program   Secretary of State