

CERTIFICATE OF

Please type of Table 19 NAME APR 13 AM 8: 07 SECRETARY OF STATE STATE OF IDAHO Please type or print legibly. NOTE: See instructions on reverse before filing.

Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate he name and address to which future orrespondence should be addressed: R. JOHN EYRE	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
5683 N. CATTAIL WAY	(208) 334-2301
BOISE, ID 83714	
Name and address for this acknowledgme copy is (if other than #4 above):	ent

R. JOHN EYRE

OWNER/PRESIDENT

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title: