Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2005 FEB 28 4/7 9: 56

DIATE OF FUNDO

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.

The assumed business name which the undersigned use(s) in the transaction of	
business is:	
Hndrew Harr	rulture
<u> </u>	
The true name(s) and business address(e business under the assumed business na	
Name .	Complete Address
Tyan Andrew	P.O.Box 1735 McCALLID 83688
Boylara Ondre	P.O. BOX 1735 McCall ID 83638
Darrara Fricio	4.0.00X 1195 1116Car = 10 03038
3. The general type of business transacted u	under the assumed business name is:
Transportation	on and Dublic Hillitian
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Wholesale Trade ☐ ConstructionServices ☐ Agriculture	· · · · · · · · · · · · · · · · · · ·
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Λ Λ Λ Λ	Basement West
Hndrew Hariculture	PO Box 83720
P.O. BOX 1735	Boise ID 83720-0080 208 334-2301
1 1c(a) ID 73638	
5. Name and address for this acknowledgm	nent Phone number (optional):
COPY IS (if other than # 4 above).	
	
	Secretary of State use only
	· · · · · · · · · · · · · · · · · · ·
Belling States	- 190 - 190 - 190
Signature Although Area Signature required	Stable Company of CTATE
Printed Name: Barbara J Andrew	UDANO SECRETARY DE CTATE

IDANO SECRETARY OF STATE 92/28/2005 95:00 CK: 127 CT: 158010 BH: 795511 0 25.00 = 25.00 ASSUM MANE # 2