## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho Of gives notice of adoption of an Assum	ode the undersi	DEC 24 AM 9: 10 gned STATE OF IDAHO
The assumed business name which the business is:      OMPETITIVE      OMPETITIVE	undersigned us	e(s) in the transaction of
2. The true name(s) and business address business under the assumed business resolved business address address address address business address address business address address business under the assumed business resolved business address business resolved busin	name is/are: <u>Cor</u>	or individual(s) doing  nplete Address HANK, I DANO FASIS,  TOURS 83401
3. The general type of business transacted (mark only those that apply)    X   Retail Trade	iring 🔲 Tra	
The name and address to which future correspondence should be addressed:	Phone number	(optional):208-524-3904
WILLIAM COWARD 694 RUTH AVE. IDAHO FALLS, IN 83401		Submit Certificate of Assumed Business Name and \$20.00 fee to
5. Name and address for this acknowledge copy is (if other than # 4 above):  SAME	FILED	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
gnature: William & Con and	Removan 2/97	12/24/1997 09:00 CK: NO CKI CT: 91627 BH: 66724 1 0 28.80 = 28.00 ASSUM NAME

Printed Name: WILLIAM A. COWARD

Capacity: OWNER

(see instruction # 8 on back of form)

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