

Capacity:

Owner

(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.

2007 SEP 25 61 9:00

· SIATE

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

The true name(s) and <u>business</u> address(e business under the assumed business nare).	es) of the entity or individual(s) doing
Robert "Bob" J. Spray	Complete Address P. O. Box 503 - 934 Finn Cr.
	Fernwood, ID 83830
3. The general type of business transacted uses a large of the services of the	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme. copy is (if other than # 4 above):	nt Phone number (optional): 208-245-2052
	Secretary of State use only

IDAHO SECRETARY OF STATE

09/25/2002 05:00

CK: 98898885294 CT: 158810 BH: 498891

1 # 26.86 = 28.86 ASSUM NAME # 2

D 58567