

(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. 2004 OCT 25 AN IO: 18 STATE OF MAHO

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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: ATTIMER ENTERPRIZES	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name ANGE LATTIMER NAME N	he entity or individual(s) doing Complete Address 213 S. OXBOW DR HMPA ID 83686
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
ANGIE LATTIMER 3213 S CXBOW DE NAMPA, ID 83686	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 461-4626
Signature: AMDIE LATTIMER Signature required) Printed Name: AMDIE LATTIMER	IDANO SECRETARY OF STATE 10/25/2004 05:00 CK: 1276 CT: 158010 RM: 773839

CK: 1276 CT: 158010 BH: 773839 8 25.00 = 25.00 ASSUM MANE # 2

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