

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

35 FEB 25 Art 9: 26

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Owner

(see instruction # 8 on back of form)

Capacity/Title:_

SAU STATE

	Spo	ortshots
2. The true busines	s under the assumed business nan	s) of the entity or individual(s) doing me:
	Name	Complete Address
	David P Costello	2824 W. Kandice, Meridian, ID. 83642
P R		nder the assumed business name is: n and Public Utilities
_ Ma	ervices Agriculture anufacturing Mining nance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
correspo	ne and address to which future ondence should be addressed:	Secretary of State 700 West Jefferson Basement West
SportSl	nots	PO Box 83720
2824 W	Kandice	Boise ID 83720-0080
Meridia	n, ld. 83642	208 334-2301
	and address for this acknowledgme	ent Phone number (optional):
SportSh	nots	
2824 W	Kandice	Secretary of State use only
	1, ld. 83642	INAMO CECOSTADA OF DES
nature: <u>/</u>	(signature Yequired)	2003
nted Name:	David P Costello	TRANS CECOCEANY OF ANY

IDANO SECRETARY OF STATE

@2/25/2005 @5 # @0

CK: 9894 CT: 158810 BH: 795856

1 @ 25.88 = 25.88 ASSUM NAME # 2