

Capacity/Title:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

ETED EFFECTIVE 2007 MAY 21 AM 9: 04

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

Partner

(see instruction #8 on back of form)

of the entity or individual(s) doing e: Complete Address
e: Complete Address
· · · ·
44 North 0000 Feet 11 1 - 11 - 11 - 11
41 North 3202 East Idaho Falls, ID. 83401
398 Hartert Idaho Falls, ID. 83404
10.00
Secretary of State 700 West Jefferson Basement West PO Box 83720
Boise ID 83720-0080
208 334-2301
nt Phone number (optional):
208-313-4760
233 010 4730
Secretary of State use only

1 @ 25.00 = 25.00 ASSUM NAME # 2

