

Printed Name: \(\frac{1}{2}\)

Capacity/Title: Quantity

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

EFFECTIVE

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

2 CEP 30 47 8:48

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 792 Indian ValleyKd, 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY is (if other than #4 above). 208-256-431S Secretary of State use only

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IDAHO SECRETARY OF STATE

29/30/2003 05=00

CK: 1479 CT: 173380 BH: 704292

1 @ 25.00 = 25.00 ASSUM NAME # 2