## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

1			,
	To the SECRETARY OF STATE, STAT  Pursuant to Section 53-504, Idah  gives notice of adoption of an As	o Code, the	undersigned 47 9:01
1.	The assumed business name which the und business is:	dersigned us	e(s) in the transaction of IUAHO
	River C. Ty Day	hers	
•	, , , ,		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Curtis Park	801 N	mplete Address
		Post	Folls Edi
			83854
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Fin Mir	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future Phone number (optional): 23-6872 correspondence should be addressed:		
	Post Falls Id.		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
	8 3 85 4		Secretary of State
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		88	Secretary of State use only  IDANO SECRETARY OF STATE
		Revision 12/99	UB/09/2000 09:00 X: 2485 CT: 134541 BH: 339911
gnatu	ire:	ac	A; C40J U; 107071 M; 00771

Printed Name: Cortis Part

Capacity:

(see instruction # 8 on back of form)

1 @ 20.00 = 20.00 ASSUM NAME # 2