

DUNER (see instruction # 8 on back of form)

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

03 NOV 10 AM 11: 54

Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned business is:	DeTAil
2. The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name: Name MAX D LORANGER 515	Complete Address S QUINCIA CPT DIN CITY ID: 83714
 3. The general type of business transacted under the assemble of the services and the last of the services and the services are services are services and the services are services and the services are services and the services are services are services. 5. Name and address for this acknowledgment copy is (if other than # 4 above): 	
Signature: Many forward of the standard of the	IDAHO SECRETARY OF STATE 11/10/2003 05:00 CK: CASH CT: 158818 BH: 718942 1 8 25.88 = 25.88 ASSUM NAME # 2

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