## FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2003 DEC -4 AM 8: 55

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

STATE OF IDAHO

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

(see instruction # 8 on back of form)

The assumed business name which the undersigned business is:	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:  Name  Christophe CT-ININEC 1434 3	Complete Address
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction    Wholesale Trade Construction Agriculture     Manufacturing Mining     Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    1434 Toloro ST     Lewister 10     8350	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-750-0257
92	Secretary of State use only
Signature: Carry Capacity/Title: Owner Manager  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/04/2003 05:00

10990 SECRETARY OF STATE 12/04/2003 05:00 CK: 3027 CT: 158010 BH: 714816 8 25.00 = 25.00 ASSUM NAME # 2

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