Capacity: SIXE PROPERTOR

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1	(Please	type a	r prin	t legibly.	. See Ir	rstructio	ns on r	everse.)	

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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2.	The true name(s) and business address(es) of the entity business under the assumed business name is/are: Name Co Rebort M. Gun buine Po.3283	molete Address
3.	The general type of business transacted under the assument (mark only those that apply)	amed business name is:
4.	☐ Wholesale Trade ☐ Agriculture ☐ Fir	ensportation and Public Utilities nance, Insurance, and Real Estaning er (optional): 208-634-456 (
••	Correspondence should be addressed: CREGOLY M. GUMDLING P.O. 2283	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	MCCAU TOALD 83638 Name and address for this acknowledgment copy is (# other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5.	COPY 13 (A DUSIN E T BLOTE).	208 334-2301

IDAHO SECRETARY OF STATE

09/28/1999 09:00 CK: 1602 CT: 121066 BH: 253408

1 8 29.00 = 20.00 ASSUM NAME # 2

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