Signature:

Printed Name: Doug LAS PRiets

(see instruction # 8 on back of form)

Capacity/Title: Dance

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



1.	business is:	Solutions of	J	ned use(s) in the transaction of	_
	Doug CAS	r the assumed business Name Sieth ith	name: 3 	Complete Address 4th Ave west 1 TALLS ISALE 2 SECTION STATES 3 SECTION STATES 2	• •
4. T	Retail Tra Wholesal Services Manufacto Finance, he name and a	ade	tion and Pu on	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720	
		ress for this acknowledgr	nent	Boise ID 83720-0080 208 334-2301 Phone number (optional): \$\sqrt{268} \rightarrow \gamma 80 - 2135\$ Secretary of State use only	
	-/	21	• 59d·u		

IDAHO SECRETARY OF STATE

08/29/2003 05:00

CK: 2885 CT: 158819 BH: 699831

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