

Printed Name: / L) lu A

Capacity/Title: ONNIC

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FU.ED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 05 AUG 23 AM | 1: | 1 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersign business is:      Why Concurred	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  (1) LUAM L. Bugess 746	e entity or individual(s) doing <u>Complete Address</u> <u>E. Huckelelly Cf. Kund, L</u> O
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Tonstruction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  WILLIAM L. BLACS 746 E. HUCKLEBERRY CF.  BUNA, JO 83634	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional): (208) 922-1896
gnature: Sid 177	Secretary of State use only

orp\forms\abn forms\abn. Revised 04/2003

IDAHO SECRETARY OF STATE

08/23/2005 05:00

CK: 2166 CT: 158010 BH: 907749

25.00 = 25.00 ASSUM NAME # 2

D90921