

Capacity:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

2002 MAY 10 AM 10: 35

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SELECTED OF STATE STATE OF IDAHO

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

The true name(s) and <u>business</u> address(es business under the assumed business name Name	e:
/ ' ")7	Complete Address 2085 Hayhland Dr.; Blackhot, ID 83.
3. The general type of business transacted un	
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
Lee Wetson	PO Box 83720
2085 Highland Dr Blackfort, ID 83221	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen	nt Phone number (optional):
COPy is (if other than # 4 above):	(208) 785-1523
	Secretary of State use only
7	n.p65
gnature: Les Cotsen	ised 01/2001
nted Name: Lee Watson	ised 01/2001

IDAHO SECRETARY OF STATE 05/10/2002 05:00 CK: 4195 CT: 158810 BH: 464965 8 20.00 = 20.00 ASSUM NAME # 2