

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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



SECRETARY OF STATE

Please type or print legibly.

NOTE: See Instructions on reverse before filing	E STAIR OF TUAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  David Howardow 503	Complete Address
3. The general type of business transacted under the  Retail Trade	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  The solution of the Replication	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) 32/ -0077
7098 Blue Bird Bise I & 83714	Secretary of State use only
Signature:  (signature)  Printed Name: DAV A HOWERON  Capacity/Title: OWNER	IDAHO SECRETARY OF STATE  01/29/2004 05:00  CK: CASH CT: 158010 BH: 724456
(see Instruction # 8 on back of form)	CR: CASH CT: 158010 BH: 724456 1 @ 25.00 = 25.00 ASSUM NAME # 2