## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse A HAR 23 AH 8: 46 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned STATE OF IDAHO gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: olor Works termanent 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address ENGLEBERT 2555 LEADVILLE 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina Phone number (optional). 208-336-5522 4. The name and address to which future correspondence should be addressed: me.la H. ENglebert Submit Certificate of Assumed Business eadville Ave Name and \$20.00 fee to: 83766 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than #4 above). PO Box 83720 Boise ID 83720-0080 SAML 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 03/23/2001 09:00 CK: 1076 CT: 144096 BH: 386782 1 @ 20.00 = 20.00 ASSUM NAME # 2 **Printed Name:** Capacity:

(see instruction # 8 on back of form)