## FILED EFFECTIVE

TO: 12083342080

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 JUN 11 AM 9: 30

SEURETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

OWNER/OPERATOR

(see instruction # 8 on back of form)

Capacity/Title:

The true name(s) and business address(es) business under the assumed business name	
Name	Complete Address
PETER SOSHEA	1535 NIELSON RD-HOMEDALE ID 83628
KATHY SOSHEA	1535 NIELSON RD-HOMEDALE ID 83628
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  PETER SOSHEA	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
1535 NIELSON RD	(208) 334-2301
HOMEDALE ID 83628	
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State use only

1DAHO SECRETARY OF STATE 106/11/2010 05:00 CK: 454856 CT: 172099 BH: 1226246 18 25.08 = 25.00 ASSUM NAME #

