FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 28 47 9: 31

Please type or print legibly.

(see instruction # 8 on back of form)

. The assumed business name which the business is:  MOLD-STOPPERS	undersigned use(s) in the transaction of
2. The true name(s) and business address business under the assumed business r	name:
Name	Complete Address
LELAND K GROESBECK	2995 ANDERSON LANE
JO GRÓÉSBECK	TWIN FALLS, ID -83301
3. The general type of business transacted  Retail Trade  Transporta	d under the assumed business name is:
Wholesale Trade Construction  XX Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	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 acknowledged copy is (if other than # 4 above):</li> <li>D.L. EVANS BANK</li> </ol>	gment Phone number (optional):
ATTN: PENNY TREAT	Secretary of State use only
P.O. BOX 87 TWIN FALLS, ID 83303  nature: Slaw Superior (signature required)  ated Name: Lelano Geoesbeck	Pifforms/abn forms/abn p65 Revised 04/2003
pacity/Title: auree / maranes	IDANG SECRETARY OF STATE

06/29/2004 05:00 CK: 9666629 CT: 24865 BH: 752881 1 8 25.88 = 25.88 ASSUM NAME # 2