

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

05 MAR 29 PM 4: 43

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) business under the assumed business name	
Name	e: Complete Address
Billy E. Wingfield	2223 Shoshone St
	BOISE, ID 83705
 ✓ Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
2223 Shoshone St	Boise ID 83720-0080
BOISE, ID 83705	208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only

vcorpwormstabn formstab Revised 04/2003

IDAHO SECRETARY OF STATE

@3/30/2005 @5:00

CK: CASH CT: 158818 BH: 881492
1 @ 25.88 = 25.88 ASSUM NAME # 2

D86141