

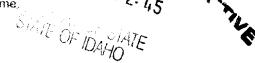
Printed Name: Anna

Capacity/Title: <u>EWNE</u>

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME Consulant to Section 53-504, Idaho Code, the undersigned Consulant to Section 53-504, Idaho Code, Idaho Code,

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



Please type or print legibly. NOTE: See instructions on reverse before filing.	STATE OF IDAMO
The assumed business name which the undersigned business is:  Vioncer Mabile Home	
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  AAAA Mac COX POB  Keren Miss PoB	Complete Address
Retail Trade  Wholesale Trade  Services  Manufacturing  Transportation and Pub  Construction  Agriculture  Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Kasen Moss Publication  Felipho C.Ty., Inl., 83631	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is of other than # 4 above).	Phone number (optional): 268-392-6692
pature.	Secretary of State use only

IDANO SECRETARY OF STATE 05/25/2004 05:00 CK: NO CK # CT: 179511 BH: 746914 1 0 25.00 = 25.00 ASSUM NAME # 2

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