

Printed Name:\

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

07 OCT -9 PM 1: 02

SECRETARY OF STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Minina **Assumed Business** Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY is (if other than #4 above): 208-695-7344 Secretary of State use only

> IDAHO SECRETARY OF STATE 10/09/2007 05:00 CK: 751 CT: 218390 BH: 1079601 1 @ 25.00 = 25.00 ASSUM NAME #

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