

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



1. The assumed business name which the business is:	undersigned use(s) in the transaction of
2. The true name(s) and business address(business under the assumed business name Name M.SIERRA TAITERSALL	(es) of the entity or individual(s) doing name: Complete Address POBOX 305 FDEN IN 83325 (365 Orchard)
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: M. Sievra Tattesall PD. Box 305	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
EDEN, ID 83325 5. Name and address for this acknowledgr copy is (if other than #4 above):	208 334-2301 ment Phone number (optional): 208 -420 1673
Signature: M. Slive Atternal	Secretary of State use only
Printed Name: M. SIERPA TATTERSALL	- Wood Cooperation of the Cooper
Capacity/Title: OWNER	O1/24/2007 05:00 CK: 2258 CT: 158010 BH: 1028287 1 9 25.00 = 25.00 ASSUM NAME #