

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED/EFFECT TO JUL 5 | | 33 AM '0|

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

	OTALL OF TOWHO
The assumed business name which the undersign the state of the st	ned use(s) in the transaction of
business is:	
TIAAEN MIII	
( ) 11 in	
<ol><li>The true name(s) and <u>business</u> address(es) of the business under the assumed business name:</li></ol>	e entity of individual(s) doing
Dusiness under the assumed business name.  Name	Complete Address
Russ 11/1 1/1/	0-00 - 1
Drgan VV. Maa 10	Oll Egurrola Place
MISSY NIGA 10	22 Egurrola Place
o Ti	as assumed husiness name in
3. The general type of business transacted under the	ne assumed business name is:
Retail Trade Transportation and	Public Utilities
Wholesale Trade Construction	
Services Agriculture	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and <b>\$20.00</b> 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
1022 Equirola Place	PO Box 83720
Reco TD 02705	Boise ID 83720-0080
501SE ID 83101	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	323-0773
	Secretary of State Line only
	Secretary of State use only
599	
Simple Side ( ) de la	
Signature: Bryn Dida  Printed Name: BRYAN NIDA  Capacity: Trasident Jounes  Capacity:	IDAHO SECRETARY OF STATE 07/05/2001 09:00
Printed Name: BRYAN NIOA	CK: 2088 CT: 148490 BH: 406443 1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity: trasident/owner 1	יים ביים ביים אינים אינים אינים אינים ביים אינים אי
(see instruction #8 on back of form)	0
(SOO MISSISSIAN & ST. BEEN ST. ST. ST.	D 46604
	· · · · · · · · · · · · · · · · · · ·