

Capacity/Title:_

(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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

D52871

2002 MAR 13 PM 2: 20

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:	
Anthony's	let Ail Connection
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name Name Ricovocuito	of the entity or individual(s) doing Complete Address 371848 Cleveland Blud Opldwell Id 83605
3. The general type of business transacted und	er the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: (610 S 3R) AVE (83605	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than # 4 above): 	t Phone number (optional):
	Secretary of State use only
Signature: Arthony Riconoscu. tu	IDAHO SECRETARY OF STATE 10