Printed Name:

Capacity/Title: <u>0wner</u>

Joseph c

(see instruction # 8 on back of form)

## FILED/EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME

2007 APR -9 AM 10: 10

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

<ol><li>The true no business u</li></ol>	_	ness address(es ed business name	\ _£#		al(s) doing
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Retail Whole Servic Manufa Financ  The name ar corresponder  ATHR  Aumpa	Trade sale Trade es  acturing  e, Insurance, ar d address to whoce should be a  Construction  Tranklin	Agriculture Mining and Real Estate hich future ddressed: action Blud 3687			cate of iness 0.00 fee to: tate erson st
5. Name and accopy is (if other	than # 4 above):	cknowledgment	F	Phone number (	

IDAHO SECRETARY OF STATE

94/99/2002 95 = 90

CK: 6553 CT: 159379 BH: 457950

1 @ 20.00 = 20.00 ASSUM NAME # 2

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