

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED TOWN

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

08 JUL -2 AM 8: 36

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

PC (	Consulting
The true name(s) and business address(e business under the assumed business name     Name     Peter H. Coulson	es) of the entity or individual(s) doing me: Complete Address 1957 Canyon Trail Way, Twin Falls, ID 83301
3. The general type of business transacted u  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Peter H. Coulson  1957 Canyon Trail Way	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Twin Falls, Id 83301  5. Name and address for this acknowledgme copy is (if other than # 4 above):	(208) 334-2301 ent
	Secretary of State use only
gnature: <u>fits</u> H. <u>Gulson</u> (signature required)  Peter H. Coulson	IDAHO SECRETARY OF STATE  O7/02/2008 05:6  CK: 5433 CT: 227554 BH: 1125  1 @ 25.00 = 25.00 ASSUM NAM
pacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  ### ### ### ########################