## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned  gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of business under the assumed business name in Name  Name  Travis Wells  Libby Wells	f the entity or individual(s) doing s/are:  Complete Address  196 S. Teapot Cir. Td Falls Td  83406
The general type of business transacted under the assumed business name is:  (mark only those that apply)	
Retail Trade	
Travisor Libby Utils 74968. Teapot Cir	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Tdaho Falls Jd 83406  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Aubly Wells Printed Name: Libby Wells Capacity: Owner	IDAHO SECRETARY OF STATE  ### D2/28/2002 05:00  CK: 2437 CT: 157989 BH: 449014  1 8 20.00 = 20.00 ASSUM NAME # 2  ### D 5245
(see instruction # 8 on back of form)	COS DAY