

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant for filing a certificate of Assumed Business Name.

D98050

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

2. The true name(s) and <u>business</u> addres	
business under the assumed business  Name	· · · •
	2234 BONNE VIE
	P.O. BOX 6008
	SUN VALLEY, ID 83554-6008
3. The general type of business transacted  Retail Trade Transports  Wholesale Trade Construct  Services Agriculture	ration and Public Utilities
<ul><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Es</li></ul>	Assumed Business
4. The name and address to which future correspondence should be addressed:  BRIAN T, FICHT  PIO, BOX 6008  SUN VALLEY, ID 83357	700 West Jefferson Basement West PO Box 83720
5. Name and address for this acknowled copy is (if other than #4 above):	dgment Phone number (optional):
	Secretary of State use only
ignature: Linea - J Sulla Signature required) rinted Name: BRIAN J. FIGHT	