-12-01 2:37PM;



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

THEDEFFE GPIVE

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

SECRETARE OF THE STATE

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

The assumed business name which the under business is:	signed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of to business under the assumed business name:  Name  Name  Name	the entity or individual(s) doing  Complete Address  620 (Leveland Blud)  aldwell, TD 83605
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  A GO STATE OF THE STA	
Same Signature: X Ungelav.	Secretary of State use only  IDAHO SECRETARY OF STATE  Ø7/26/2001 05:00  CK: CASH CT: 149326 BH: 410048

1 @ 20.00 = 20.00 ASSUM NAME # 2 D47131

Capacity:\_\_

Printed Name: Hing

(see instruction #8 on back of form)