S

Capacity/Title: OWNER

(see instruction #8 on back of form)



CERTIFICATE OF ASSUMED BUSINESS NAME

| | CERTIFICATE OF | -ED/EFF | |
|--|--|--|-------------|
| Purs | SSUMED BUSINESS suant to Section 53-504, Idaho Code, the mits for filing a certificate of Assumed Bus | e undersigned | TIV |
| NOTE: | Please type or print legibly. See instructions on reverse before | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| business is | : | dersigned use(s) in the transaction of | |
| -/n | ONEY MAILER OF | F_ 13015E | |
| business ur | ame(s) and <u>business</u> address(es) of the assumed business name: Name EL ENTERPRISES LUC W & Dⅅ | | 9) V2 |
| Retai | il Trade Transportation lesale Trade Construction | der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: | _ |
| The name correspond | and address to which future dence should be addressed: TEL ENTERANSES LL WINDSOR DRIVE TE ID440 53705 | Boise ID 83720-0080 | |
| _ | d address for this acknowledgmer other than # 4 above): | nt Phone number (optional): 208 3 4 4 6/3 4 | |
| | | Secretary of State use only | |
| ature: <u>////////////////////////////////////</u> | (signature required) 1/11/14M BURK MANTE | IDAHO SECRETARY OF STATE 10/02/2002 05: CK: 2416 CT: 158810 BH: 52 1 0 20.60 = 20.60 ASSUM NA | 4618 |

DS8745