

Signature:

Printed Name: \_\_

Capacity/Title:\_\_

Stephen R. Peterson

Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

andrie 1640/HO

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 1997 1998 37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

LMCI	
The true name(s) and business address(es business under the assumed business nam Name Stephen R. Peterson	of the entity or individual(s) doing e: Complete Address 3034 Escalante, Idaho Falls, ID 83404
Joan V. Peterson	3034 Escalante, Idaho Falls, ID 83404
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
Stephen R. Peterson	
3034 Escalante	Boise ID 83720-0080 208 334-2301
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IDAHO SECRETARY OF STATE

05/09/2003 05:00

CK: 6759 CT: 158010 BH: 679575

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