

Capacity/Title: <u>OWNER</u>

courtiastruction # 8 on back of formy

CERTIFICATE OF FILED E

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Burningham # and L	
2. The true name(s) and business address(es) of the business under the assumed business name: Name R. Todd Burningham A. Susan Burningham Later	Complete Address Sunheam DRIVE, Twin Falls Sunbfam DRIVE, Twin Falls 83301
3. The general type of business transacted under the Retail Trade Wholesale Trade Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Toda Burningham	
Signature: Social Burningham Printed Name: Tedd Burningham	Secretary of State use only

IDAHO SECRETARY OF STATE

97/15/2005 05:00

CK: 2545 CT: 158010 BH: 821325
1 0 25.00 = 25.00 ASSUM MANE # 2

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