I ED BEFECTIVE

## CERTIFICATE OF MED BUSINESS NAME

ursuant 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. STATE OF IDAHO

| eDirect2Y   | ou.com   |
|---|--|
| The true name(s) and business address(es) of business under the assumed business name  Name  Kevin Lee Spreier  |  |
| The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining  Finance, Insurance, and Real Estate | er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| The name and address to which future correspondence should be addressed:  Kevin Spreier  243 S 8th Ave  Pocatello, ID 83201   | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301       |
| 5. Name and address for this acknowledgmen copy is (if other than # 4 above):   | t Phone number (optional):  801-647-5520   |
|   |  |

Capacity/Title:

**Printed Name:** 

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

19/10/2003 05:00

CK: 4855667423 CT: 158010 BH: 780917

1 2 25.00 = 25.00 ASSUM NAME # 2