

Capacity/Title: <u>//wner</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2004 NOV 12 PH 2:45

STATE OF IDAHO

Please type or print legibly.

use(s) in the transaction of
ntity or individual(s) doing Complete Address V. Johns Ave. eH, ID \$3617
ssumed business name is:
Submit Certificate of Assumed Business Name and \$25.00 fee to:
Secretary of State 700 West Jefferson Basement West PO Box 83720
Boise ID 83720-0080 208 334-2301 Phone number (optional):
IDAHO SECRETARY OF STATE 11/15/2004 05:00 CK: 5279 CT: 158016 BH: 776367