

Printed Name: 1

Capacity/Title: <u>しいいとん</u>

(see instruction #8 on back of form)

CERTIFICATE OF

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned 5 -9 AM 9: 05 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Please type or print legibly.

NOTE: See instructions on reverse before filing. Shall all DAHO

The true name(s) and business address(es business under the assumed business name) of the entity or individual(s) doing
Name	Complete Address
William R. LONE	212 N. Sugar ST
	Nampa, 5d 53687
. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
William R. LANE	PO Box 83720
212 N. JUSCF ST	Boise ID 83720-0080 208 334-2301
Nampa Id. 83687	200 334-2301
5. Name and address for this acknowledgme	ent Phone number (optional):
COPY IS (if other than # 4 above):	

IDANO SECRETARY OF STATE

08/09/2002 05:00

CK: 9829 CT: 158818 BH: 481821

1 0 20.00 = 20.00 ASSUM MANE # 2

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