

(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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.	APR
The assumed business name which the undersigne business is:      Coseout Central	d use(s) in the transaction of 20
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:  Name  DAUTO SUDO A	entity or individual(s) doing  Complete Address  CONTRAND AVE.  BURLEY, ID. 833/8
3. The general type of business transacted under the a  Retail Trade Transportation and Put  Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    DAUTH SUP   1752 S: Hairy 21   CAKURY ID: 83346	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional):  28-862-9255
	Secretary of State use only
Signature:  Printed Name: DAUID SUIDO  Capacity/Title: OWNER  Capacity/Title: OWNER	IDAHO SECRETARY OF STATE <b>04/22/2005 05:00</b> CK: 7611 CT: 158010 BH: 806205 1 8 25.00 = 25.00 ASSUM NAME # 2

1) 8704/