

(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	re filing.
1. The assumed business name which the und business is:	SEUGLIAMY OF STATE dersigned use(s) in the Transaction (Option 1)
The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u>	c) of the entity or individual(s) doing on the: Complete Address 206 May str Aberlea, TD, 832/6
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Nova Resumer Rose Sox 591 Aberdeen To. 83210	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise !D 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional): 208 397 52/3 Fax 208 397 52/3 Secretary of State use only
Signature: Signature required Printed Name: Nova Robinson	IDAHO SECRETARY OF STATE 07/10/2003 05:000

07/10/2003 05:00 CK: 539 CT: 158010 BH: 698323 1 0 25.00 = 25.00 ASSUM NAME # 2

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