

Printed Name: Mich

Capacity/Title: OWNEX

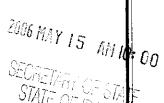
(see instruction # 8 on back of form)

## 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.



1. The assumed business name which the undersigned use(s) in the transaction of business is:	
	ntity or individual(s) doing  Complete Address  109 Broadford Rd-House  Bellevue, ID 83313
3. The general type of business transacted under the a  Retail Trade Transportation and Pub  Wholesale Trade Construction  Services Agriculture	olic Utilities
⊠ Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
Michele DeMars 409 Broadford Rd-House Pellevine, ID 83313	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	208-309-9057
	Secretary of State use only
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