

Capacity/Title:____

(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

06 JAN 25 PM 2: 45

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned business is:	use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: Replica Williams 36	Complete Address OR VISTA ANP. SLITA 83705
3. The general type of business transacted under the assumed business name is: Retail Trade	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Wholesale Trade Construction Agriculture	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):
Name and address for this acknowledgment copy is (if other than # 4 above):	761-1920
	Secretary of State use only
Signature: WILLIAMS Signature required Name: REBECLA WILLIAMS	D 95859
Signature: Name: REBECLA WILLIAMS SERVER SER	IDAHO SECRETARY OF STATE 01/25/2006 05:00 CK: 712429 CT: 172099 BH: 934141 1 0 25.00 = 25.00 ASSUM MANE # 2