

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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.

(see instruction # 8 on back of form)

STATE OF IDAHO

1. The assumed business name which the up business is:	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business national <u>Name</u>	es) of the entity or individual(s) doing me: Complete Address Dolly N. Monaco Way Me(idian, Id., 83642
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional): Secretary of State use only
Signature: William V Jujile Printed Name: William K Grizzle Capacity/Title: Owner	IDAHO SECRETARY OF STATE

DERALO