

Capacity:____

(see instruction #8 on back of form)

CERTIFICATE OF

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersignate ED/EFFECTIVE submits for filing a certificate of Assumed Business Name. Jan 2 2 01 PH 102

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

SECHI

1. The assumed business name which the und business is:	
2. The true name(s) and business address(es) business under the assumed business name: Name Sean Burronahs 2. Sean Burronahs 3. Sean Burronahs 4. Sean Burronahs 5. Sean Burronahs 6. Sean Burronah	Complete Address 5075 N. Law some Place Boise ID 83713
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	ler 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: Sean Burrongh 5 5015 N. Lawsonia Place Boise ID 83113	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than # 4 above): 	t Phone number (optional):
Signature: Sean MBurronghs	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 91/92/2002 95:00 CK: 3592 CT: 154729 BH: 437628 1 0 20.00 = 20.00 ASSIM NAME # 2