

Signature: __(/Z

Printed Name:

(see instruction # 8 on back of form)

Capacity/Title:

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 unders business is:	igned use(s) in the transaction of
2. The true name(s) and business address(es) of to business under the assumed business name: Name A. Chancy Atwood One of the property of t	he entity or individual(s) doing Complete Address O. Box 191 Clammon FD 23250
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	i ·
4. The name and address to which future correspondence should be addressed: ACVANCY ATWOOD POROX 199 McCamam 10 83250	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE

17/05/2005 05:00

CK: 324 CT: 158010 BH: 819360

1 0 25.00 = 25.00 ASSUM NAME # 2