## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 APR 28 AM 8: 56

Printed Name: \_

Capacity/Title:

DUNEN

(see instruction # 8 on back of form)

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

SHALE OF DALLO

	CONTRACTOR IN THE CONTRACTOR I
1. The assumed business name which	n the undersigned use(s) in the transaction of
business is:	
FRANKS A	Lot
<ol><li>The true name(s) and <u>business</u> add</li></ol>	dress(es) of the entity or individual(s) doing
business under the assumed busin	ess name: Compiete Address
<u>Name</u>	<del></del>
TIP Satorpa 3	16156 N. St. Helens Dr.
Turary Piper 2	NAW.DA S.O. 83615
Je Ssien Pipen	<u> </u>
	to do and another programed hypinose name is:
3. The general type of business trans-	acted under the assumed business name is:
☐ Batail Trade ☐ Transi	portation and Public Utilities
- Ketali Hade	truction
Vilolesale Hade	ulture Submit Certificate of
<i>y</i> -00/1/1000	1. Daniela de
(riditaldotag	Name and \$25.00 fee to:
Finance, Insurance, and Rea	
4. The name and address to which fu	ture Secretary of State 700 West Jefferson
correspondence should be address	sed: 700 West deficition in Section 1997
TODAY POESL	PO Box 83720
16110 N. St. Helows 1	Boise ID 83720-0080
Nomas Sel 83651	208 334-2301
Namba Se 03631	
5. Name and address for this acknow	wledgment Phone number (optional):
CODY IS (if other than # 4 above):	
. ,	<del></del>
	Secretary of State use only
Tom HD.	Solution   Secretary of State   Stat
gnature: (signature required)	### IDANO SECRETARY OF STATE ###################################
rinted Name: TERRY POOR	CK: 5812 CT: 158019 BH: 7456;

CK: 5812 CT: 158818 BM: 745674 1 8 25.88 = 25.88 ASSUM MANE # 2