227	
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO 2003 FEB 10 AN 9: 29 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name IARY OF STATE	
1. The assumed business name which the undersigned use(s) in the Dansaction of business is: VERITY COMPLEER WORKS	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business nan	ne is/are: <u>Complete Address</u> 1620 N. STAGE COACH DR. Post FAUS ID 84050
MEL:SSA R. WOLFF	SAME AS ABOVE \$3754
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
 Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 	
4. The name and address to which future Phone number (optional): (208)-773-4019 correspondence should be addressed:	
1620 N. STAGECOACH DR.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Post Frus, ID. 83854. 5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: <u>Jan & Wolf</u> Printed Name: <u>DAN L. WOLFF</u> Capacity: <u>Owner President</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 902/10/2003 05:00 CK: 5568 CT: 158010 BH: 661913 1 8 20.00 ASSUM NAME # 2 DG2310