

CERTIFICATE OF EFFECTIVE ASSUMED BUSINESS NAME 9: 09 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. AM 9: 04

Please type or print legibly.

ATE

NOTE: See instructions on reverse before filing.	AND THE CHIDAHO
1. The assumed business name which the undersigne business is:	
2. The true name(s) and business address(es) of the elebusiness under the assumed business name: Name Mary Lee Black ford Raymond Black ford	Complete Address
 3. The general type of business transacted under the analysis of the services	
Signature: Mary Lee Black Ford Capacity/Title: Owner	Secretary of State use only INCHO SECRETARY OF STATE 96/98/2994 95:99

(see instruction # 8 on back of form)

CK: 100 CT: 179654 BH: 749223 1 8 25.00 = 25.00 ASSUM MANE # 2

17108