

Capacity/Title: ()(1) 0 r

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE 2006 APR 10 PH 12: 56

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

SECRETARY OF STATE STATE OF IDAHO

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

1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	<u> </u>	
2.	The true name(s) and business address(es) of the business under the assumed business name:  Name  Poor	Complete Address
3.	The general type of business transacted under the assumed business name is:	
	Retail Trade Transportation and Poly Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed:  440 E. Clark St.  Pocatello ID 83201	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
Signa Printe	ed Name: Sheri L. Record	0985-7Y

IDAHO SECRETARY OF STATE

94/11/2096 95:00

CK: 275 CT: 158010 BH: 948474

1 8 25.80 = 25.00 ASSUM NAME # 2