

Printed Name: Kovald F.

(see instruction #8 on back of form)

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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.

02 JUN -5 PM 1:22

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Nonald F. Mcarelli, Jr. 2504	Complete Address
3. The general type of business transacted under the an analysis of the second services and Real Estate  4. The name and address to which future correspondence should be addressed:  A BOUT	
5. Name and address for this acknowledgment copy is (if other than #4 above):  Same AS A BOVE	208 334-2301  Phone number (optional): 208-453-1802
	Secretary of State use only

Revised 12/2001

IDAHO SECRETARY OF STATE 96/95/2092 95:90 CK: 1469 CT: 158810 BH: 469853 1 0 20.00 = 20.00 ASSUM MARE # 2

D55493