

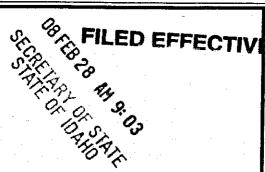
## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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.

(see instruction # 8 on back of form)



119462

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the elements business under the assumed business name:  Name  4201	entity or individual(s) doing  Complete Address  W. Hwy 20 blackfort 11 83221
3. The general type of business transacted under the a     Retail Trade	
5. Name and address for this acknowledgment copy is (if other than #4 above):  Shand Torply  4210 w Hwy 26  Blackfort Id 83221  Signature: A Torpley  Printed Name: Shand M. Torpley  Capacity/Title: Awn 0 X	Phone number (optional):  208-1680-109  Secretary of State use only  IDAHO SECRETARY OF STATE  22/28/2008 05:00  CK: 1045 CT: 223962 BH: 1101752  1 25.00 = 25.00 QSSUM MONE # 2