

Signature:

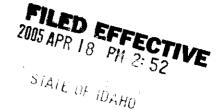
Printed Name: 100H

Capacity/Title: DLAME

(see instruction # 8 on back of form)

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.

1. The assumed business name which the undersign business is:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Time Bubbi McNamee Hold	e entity or individual(s) doing Complete Address Sox 1377 Whitebord Id 83554
B. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only

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IDAHO SECRETARY OF STATE

94/18/2005 05:00

CK: 814 CT: 158010 BH: 805316
1 0 25.00 = 25.00 ASSUM NAME # 2

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