

Printed Name:

00000c

(see instruction #8 on back of form)

Capacity:

## CERTIFICATE OF ASSUMED BUSINESS NAME

submits for filing a certificate of Assumed Business Name.

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED/EFFECTT

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Nov 29 3 02 PH 191 SEO 4

MANDYWORK	8
2. The true name(s) and <u>business</u> address(e business under the assumed business name  Name  Name	
3. The general type of business transacted  Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining	ion and Public Utilities
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Same As Asole	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional): $323-1597$
	Secretary of State use only

Revised 01/2001

IDAHO SECRETARY OF STATE
11/29/2001 05:00
CK: 251 CT: 154077 BH: 431925
1 @ 26.00 = 26.00 ASSUM NAME # 2

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