

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2007 FEB 28 AN 9: 5

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

(see instruction # 8 on back of form)

IMPER	AL STONE		
The true name(s) and business address(e business under the assumed business na Name  KATIE TATE	ne: Complet	e entity or individual(s) doing  Complete Address / SIPHON UNIT 12 CHUBBUCK, ID 83202	
The general type of business transacted u	der the assumed bu	siness name is:	
<ul><li>Retail Trade</li><li>Transportation</li><li>Wholesale Trade</li><li>✓ Construction</li></ul>	and Public Utilities		
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Assume	Certificate of ed Business and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed:	700 We	ry of State st Jefferson ent West	
KATIE TATE  120 W SIPHON UNIT 12  CHUBBUCK, ID 83202	PO Box Boise II 208 334	83720-0080	
5. Name and address for this acknowledgm copy is (if other than # 4 above).		umber (optional): 8) 681-8663	
	Se	cretary of State use only	
nature: (signature required) KATIE TATE Dacity/Title: OWNER	g'corpiformstabn formstabn.p65 Revised04/2003	IDAHO SECRETARY OF STAT	