

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
05 NOV 30 PM 2: 01

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SEGALL MASTATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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 Doug LAUGHRIN J	e entity or individual(s) doing Complete Address 1916 N.Boqus Basin Rd Boise IDaho 8370Z
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Same As Nove	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	208 334-2301 Phone number (optional): 424-94/8
gnature: D. J. Jan Ce. 1800	Secretary of State use only IDAHO SECRETARY OF STATE

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IDAHO SECRETARY OF STATE

11/30/2005 05:00

CK: 4287 CT: 158010 BH: 924416
1 2 25.00 = 25.00 ASSUM NAME # 2

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