

Signature:

Printed Name: CARIN Thon

(see instruction # 8 on back of form)

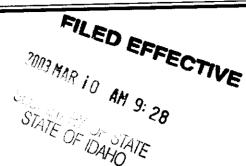
Capacity/Title: O(1) \( \)

## 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 undersigned use(s) in the transaction of business is: RUBBER RAINBOW CONDON COMPANI 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name THOMPSON 1615 BROADWAU 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade **Agriculture** Submit Certificate of Services **Assumed Business** Mining Manufacturing Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 CARYN L. THOMPSON Boise ID 83720-0080 208 334-2301 Boise, Adalso 83706 Phone number (optional): 5. Name and address for this acknowledgment CODV IS (if other than # 4 above): Secretary of State use only

g corp/forms/abn forms/abn.p65 Revised 09/2002

IDAHO SECRETARY OF STATE 93/10/2003 95:00 CK: 2295 CT: 168886 BH: 667484 1 @ 28.08 = 28.00 ASSUM NAME # 3

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