

Capacity/Title: Sole proprietor

(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.

NOTE: See instructions on reverse before filing

business is: <u>AAB A and Z (Jeanina</u>	1
2. The true name(s) and business address(es business under the assumed business nam Name Alisa Ann Atkinson Zachary Blaine Atkinson) of the entity or individual(s) doing
	der the assumed business name is: and Public Utilities
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Alisa Atkinson 1420 Wagon Wheel Drive Blackfrol, Td. 83221	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional): (208) 185- 1924
	Secretary of State use only
ignature: <u>Mina UKINAN</u> (signature required) rinted Name: AUSA AUKINSON	Secretary of State use only

IDAHO SECRETARY OF STATE

01/14/2004 05:00

CK: 2189 CT: 158818 BH: 721745

1 0 25.00 = 25.00 ASSUM MANE # 2