

Capacity/Title:_____

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

64 SEP 13 AN 10: 50

FILED EFFECTIVE

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

SEGRE FACTOR STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the und business is:	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam Name WICKWIE	of the entity or individual(s) doing ne: Complete Address IISGI STICLWATER D BUISE ID 63713
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of	
 Manufacturing	Assumed Business Name and \$25.00 fee to:
JAMET WICKWINE 11961 STICKWATER A BUILES 10 8371)	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional): Secretary of State use only
Signature: (signature required) Printed Name: The Wickwide	Secretary of State use only Societary of State use only Societary of State use only Societary of State use only IDAHO SECRETARY OF STATE OP/13/2004 05:00 CK: CASH CT: 158010 BH: 765782 1 0 25.00 = 25.00 ASSUM NAME # 2