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CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	91 9:5c
Please type or print legibly. NOTE: See instructions on reverse before filing	. STATE OF IDAHO
1. The assumed business name which the undersigned business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Dovid Scheel 418 Virginio Scheel 4(8)	entity or individual(s) dong Complete Address <u>6 Plager Dr. Coeurd Alene</u> Ib <u>6 Plager Dr. Coeurd Alene</u> Ib <u>8 18</u> <u>8 15</u>
 3. The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining 	
 Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>Dwid Scheel</u> <u>4(86 Plager Dr</u> <u>Coeur d' Plane Ip</u> 83815 	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment COPY IS (if other than #4 above): 	Phone number (optional):
	Secretary of State use only
Signature: <u>Scheel</u> (signature required) Printed Name: <u>David Scheel</u> Capacity/Title: <u>Owner</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/27/2003 05:00 CK: 3267 CT: 158910 BH: 798562 1 8 25.00 = 25.00 ASSUM NAME # 2 D T COSA