

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2005 JUN 29 PM 2: 18

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF DASO

	OWE A SAME
1. The assumed business name which the undersigned	d use(s) in the transaction of
husiness is:	
Sagebrush 7	ruck
2. The true name(s) and <u>business</u> address(es) of the	entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Grea Womack 24	115. Pioneer Rd.
Gied Woman T	
	10000
	8 3 4 0 7
3. The general type of business transacted under the	seeumed husiness name is:
5. The general type of business transacted under the t	
Retail Trade Transportation and Pu	blic Utilitles
Wholesale Trade Construction	
Services Agriculture	Outself Cartiffeete of
	Submit Certificate of Assumed Business
	Name and \$25,00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
G. Y. Womack	Basement West PO Box 83720
	Boise ID 83720-0080
24/15, foncer	★208 334-2301
Idaho Fa/15, 189402	
5. Name and address for this acknowledgment	Phone number (optional):
CODY IS (If other than #4 above):	(103) 528-7890
Tions Bank 71 mx	, (-
1016 HH	Secretary of State use only
17012. 1111111111	, o.
Manuel 19 83406	
Simon Ages Jones of	
Signature: (algorithm of problem)	THE ASSESSED OF STATE
Printed Name: 6- / Walmack	IDAHO SECRETARY OF STATE 06/29/2005 05:00 CK: 562648 CT: 172099 BH: 818786
Capacity/Title: Owner Pro D.	CK: 562648 CT: 172099 BH: 818786 1 @ 25.00 = 25.00 ASSUM MAME # 2

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