## 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  1. The assumed business name which the unbusiness is:		use(s) in the transaction of	FECTIVE
2. The true name(s) and <u>business</u> address(est business under the assumed business name  Name  T R Kibble	ne:	ntity or individual(s) doing  Complete Address sto St Apt 7, Idaho Falls, ID	83402
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Construction			
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
The name and address to which future correspondence should be addressed:      T R Kibble		Secretary of State 700 West Jefferson Basement West PO Box 83720	
1425 Presto St Apt /	-	Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledge copy is (if other than #4 above):	- nent	Phone number (optional):	
Rey Bank National Association P O Box 1507 Idaho Falls, ID 83403	- 59di	Secretary of State use only	
Signature: / R. / Suppliere required)  Printed Name: T. R. Kibble	g vezp termisten forms ann p65	CK: 853318188 CT: 2814 BH	RIE : 00 : 774115   NAME # 2
Capacity/Title: Owner	-   cop	i E Ediso - Ediso Addun	
(see instruction # 8 on back of form)		D8H76	