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Signature:

Printed Name:

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(ees instruction # 8 on back of form)

Capacity:\_\_\_

## TFICATE OF ASSUMED BUSINESS IN THE PROPERTY OF PRINT STATE OF IDAHO THE STATE STATE OF IDAHO THE STATE STATE OF IDAHO THE S CERTIFICATE OF ASSUMED BUSINESS NAME SECRETARY OF STATE, STATE OF IDANU Pursuant to Section 53-504, Idaho Code, the undersigned STATE OF UP To the SECRETARY OF STATE, STATE OF IDAHO gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of $\frac{OF}{10AHO}$ 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 2179 RENDEZVOUS EDAHO FALLS 83402 3. The general type of business transacted under the assumed business name is: Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, insurance, and Real Estate Services Construction Minina 4. The name and address to which future Phone number (optional): (208) 528 - 7913 correspondence should be addressed: 2178 RENDEZVOUS Submit Certificate of DOMHO FALLS Assumed Business Name and \$20,00 fee to: \_POM+0 83402 Secretary of State 5. Name and address for this acknowledgment 700 West Jefferson CODY is (if other than # 4 above); **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only

IDANO SECRETARY OF STATE

11/22/2000 09:00 CK: 1529 CT: 138848 IN: 362558

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