

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Action Hon	ne Repair
. The true name(s) and business address(es) business under the assumed business name Name Dale W. Shughart	of the entity or individual(s) doing : Complete Address 3889 N 2600 E, Twin Falls , ID. 83301
Nancy Shughart	3889 N 2600 E ,Twin Falls, ID. 83301
Wholesale Trade Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Dale W. Shughart	Secretary of State 700 West Jefferson Basement West PO Box 83720
3889 N 2600 E	Boise ID 83720-0080 208 334-2301
Twin Falls, ID. 83301	200 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 208.734.6636
	Secretary of State use only
nature: (signature) nted Name: Dale W. Shughart / Nancy Shughart pacity/Title: Owners (see instruction # 8 on back of form)	1DAHO SECRETARY OF ST 21 / 26 / 20 05 05 CK: 1238 CT: 158919 BH: