

Printed Name:

Capacity/Title:\_/)///////

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE Pursuant to Section 53-504, Idaho Code, the understaged submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the und business is:    XIS   Thorogen	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business nam <u>Name</u>	e: <u>Complete Address</u>
-Hana-Bills-	1283 LILAC ST PORTELLO ID 8370
3. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above):</li> </ol>	nt Phone number (optional):  208 2355-1860
	Secretary of State use only
anature: Alama Pailo	s leadn p66

IDAHO SECRETARY OF STATE
06/24/2005 05:00
CK: CKH CT: 158010 BH: 817792
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