

Signature:\_

Printed Name:

Capacity/Title: CWNE

(see instruction #8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAMEFILED/EFFE 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.

business under the assumed business na	es) of the entity or individual(s) doing ame:
<u>Name</u>	Complete Address
Sam Bowker	3737 GLENWOOD S.
	BOISE, Id. 23704
The general type of business transacted	under the assumed business name is:
Wholesale Trade Constructio	
	Submit Certificate of Assumed Business
<ul><li></li></ul>	Name and \$20.00 for to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson  Basement West
3737 GNENWOODS	PO Box 83720
3737 GNENWOODS BOISE, Id. 85704	Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgr	ment Phone number (optional):
COPY IS (if other than # 4 above):	(208) 440-3786
COPY IC (II culti ulai ii 4 docto).	(208) 440-5+

IDAHO SECRETARY OF STATE

01/21/2003 05:00

CK: CASH CT: 158010 BH: 658823
1 8 20.00 = 20.00 ASSUM NAME # 2

D61645

SINCE OF IDAHO