

Printed Name: (

Capacity/Title:、

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

ELED/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.

2902 MAY 20 AM 9: 14

business is:	1 STATE OF TDAHO
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
City Service Inc. P.C.	D. Box 1
(c 15130) 183	20 2rd Nug F P 1
	DO 5 - FIVE E. Suite
— Ko	dispell MT 5990
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P	Public I Hilitian
——————————————————————————————————————	ubiic Guildes
☐ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Λ /	Basement West
Conocol Taco Bell	PO Box 83720
lelenz main st	Boise ID 83720-0080
Banners Ferry ID 83	208 334-2301
Tornel 5 Ferry 110 00	3
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above).	
	208-267-8226
	Secretary of State use only
ature: Lalik 100	•

IDAHO SECRETARY OF STATE **95/20/2002 05:00** CK: 1607 CT: 139500 BH: 466658 1 0 20.00 = 20.00 ASSUM NAME # 2