

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

O5 NOV -2 PM 1:35

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
Bocky Hudson 9	Complete Address 138 Wake Field
<u> </u>	men City, 1d., 1 83714
. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Put Wholesale Trade Construction 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: 9138 Wake-100 Garden City 1-d-83714 Becky Hudson	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):

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IDAHO SECRETARY OF STATE
11/02/2005 05:00
CK: CASH CT: 158010 BH: 920205
1 0 25.00 = 25.00 ASSUM NAME # 2

1) 93234