

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECT 2006 JUL -6 AM 8: 39

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

SECRETARY OF STATE CTATE OF IDAGO

Please type or print legibly.

NOTE: See Instructions on reverse before !	Ming. STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is:  ———————————————————————————————————	
The true name(s) and business address(es) or business under the assumed business name:     Name	f the entity or individual(s) doing  Complete Address
1/m HCUFF +	215 518 W. MAIN-BOISE, ID 93702
3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities  Wholesale Trade  Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  7/771 + CUFF  12/5 N. 6 <sup>11</sup> -  20/56, The 9370%	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): 343-0190
	Secretary of State use only
Signature MM Cuff  Printed Name: Lynn HCuff  Capacity/Title: DWner Operator  (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE  ##################################
(see instruction # 8 pn bable of form)	1 # 25.80 = 25.80 ASSUM NAME # 2

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