

CERTIFICATE OF ASSUMED BUSINESS NAME

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	re filing.
The assumed business name which the und business is: Chapman Qualif	DE DE
2. The true name(s) and business address(es business under the assumed business name Name Teffery Chapman	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: PO BOX 726 Emmett ID 82617	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional): <u>860-6005</u>
	Secretary of State use only

Signature: / ////

Printed Name: JEFFERY CHAPMAN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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IDANO SECRETARY OF STATE

08/04/2004 05:00

CX: 3640 CT: 158610 BH: 759801

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