

Capacity/Title:\_

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFE IVE

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

02 JUN 11 AM 11: 53

STATE OF IDAHO

06/11/2002 05:00 CK: CASH CT: 158010 BH: 478996 1 0 28.00 = 28.00 ASSUM NAME # 2

## Please type or print legibly. NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the undersigned to business is:         The Blind MAN     </li> <li>The true name(s) and <u>business</u> address(es) of the entibusiness under the assumed business name:</li></ol>	ity or individual(s) doing <u>Complete Address</u>
3. The general type of business transacted under the an Retail Trade Transportation and Public Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  The Blinday  2328 Heming Lag  LAMPA, TD & 3651  5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):  208-463-9346
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