Signature:_

Capacity: owner

Printed Name: Douglas Taylor

(see instruction # 8 on back of form)

2 2 PAN EAST 29	CERTIFICATE OF ASSU (Please type or print legibly.) The SECRETARY OF STATE, ST	See instructions on reverse.) ATE OF IDAHO Taho Code, the undersigned Assumed Business Name. Jundersigned use(s) in the transaction of es) of the entity or individual(s) doing	
	Name Douglas Taylor	Complete Address 515 N Main St	
	Bouglas Taylor	Bloomington, ID 83223	
	3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade		
 The name and address to which future Phone number (optional): correspondence should be addressed: 		Phone number (optional):	
5.	Douglas Taylor Box 234 Bloomington, ID 83223-0234 Name and address for this acknowledgm 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	
	Douglas Taylor Box 234 Bloomington, ID 83223-0234	208 334-2301 Secretary of State use only	

5 Revision 12/9

IDAHO SECRETARY OF STATE 05/29/2003 05:00 CK: 4229 CT: 158010 BH: 683848 1 8 25.88 = 25.88 ASSUM NAME # 2

