

Printed Name: STEVEN 6.

(see instruction # 8 on back of form)

Capacity/Title: OWNER

## **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 f	iling.	ĘĘ.
1.	The assumed business name which the under business is:	signed use(s) in the transaction of	FFECT
	MOTION STORAGE		_==
2.	The true name(s) and business address(es) of business under the assumed business name:  Name  STEVEN 6. GREGORY  2	Complete Address  HN BANK DR 325 EU  STE MIN	
3.	The general type of business transacted under	,	
4.	Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  STEVEN 6 GREGORY  2417 BANK DR. STE IPP  BOISE, ID 83705	Submit Certificate of Assumed Business Name and \$25.00 fee to:  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): 208-433-0799	
		Secretary of State use only	
gna	ture:	203 203	

IDAHO SECRETARY OF STATE @7/29/2004 05:00 CK: 9957 CT: 158010 BH: 758050 0 25.00 = 25.00 ASSUM MANE 1 2