

Signature:

Printed Name: DANIEL

Capacity/Title: OWNER

(see instruction #8 on back of form)

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 filing.

SECRETARY OF STATE STATE OF IDAHO

	The assumed business name which the undersigne business is:	· ,
	The true name(s) and business address(es) of the elbusiness under the assumed business name: Name DANTEL RAY PRESCOTT 3611	Complete Address
3.	The general type of business transacted under the a Retail Trade	
	The name and address to which future correspondence should be addressed: 3611 N. CLOVERDALE RO. BOISE, IO. 83713	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) 375 - 8838 Secretary of State use only

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IDAHO SECRETARY OF STATE

08/05/2004 05:00

CK: 1117 CT: 158818 BH: 759296

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