

Printed Name: 1/21/1

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

60 JUN-2 ANIO: 10

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

SEC. STATE

2. The true name(s) and business address(es business under the assumed business name Name Perry A. (ample)	\ ~ F4L
. The general type of business transacted und	
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):

IDAHO SECRETARY OF STATE 06/02/2005 05:00 CK: 2019 CT: 150010 RH: 613839 1 0 25.00 ESSUM HAME # 2

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