

Printed Name: _/V

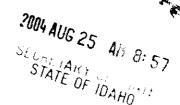
(see instruction #8 on back of form)

Capacity/Title:

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.



1. The assumed business name which the undersign business is: Palouse Ava Swiming	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name NS(M) SWM Team Parents, In Property (1987) NOS(M) ID 93943	Complete Address
3. The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	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): 29-991-6326
	Secretary of State use only
Signature: 111WH111/5/MM10+	TRAIN OPERATION OF AVAIL

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IBANO SECRETARY OF STATE

08/25/2004 05:00

CX: 1393 CT: 181713 BN: 762709

1 @ 25.00 = 25.00 ASSUN NAME # 2

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