

CERTIFICATE OF ASSUMED BUSINESS NAME

		_
A CONTRACTOR	CERTIFICATE C)F
	ASSUMED BUSINES	SS NAME a, the undersigned d Business Name. afore filing. undersigned use(s) in the transaction of
The second	Turbugiii lu Section 53-80/ Halala A	the undersites
	a der unicate of Assumed	d Business Name.
NO.	Piease type or print to	
	OTE: See instructions on reverse be	Fore filing.
1. The a	ssumed business name which the	176 1/E
busine	ess is:	undersigned use(s) in the transaction of
	StockTyme	
2. The true busine	Je name(s) and <u>business</u> address(e	es) of the entity or individual(s) doing
	ess under the assumed business nam Name	ne:
MAC	A 5.L	Complete Address
Man	Way D	857 N. Echolowik Way
E.M.	nay parce	Engle In \$36/6
3. The ge	neral type of business transacted up	nder the assumed business name is:
	etail Trade Transportation	n and Public Utilities
Moral Signature	/holesale Trade	
	- Agriculture	Submit Certificate of
J 1		Assumed Business
4 The	nance, Insurance, and Real Estate	Name and \$20.00 fee to:
COrresno	ne and address to which future	Secretary of State
	ondence should be addressed:	700 West Jefferson
<u>857 /</u>	V. EchohAWK Was	Basement West PO Box 83720
Engl	CTD. 83616	Boise ID 83720-0080
		208 334-2301
5. Name a	nd address for this acknowledgmen	
copy is	(if other than # 4 above);	nt Phone number (optional):
	,	208-939-6531
		Secretary of State use only
46	1 0 01	985
gnature:	- (1 Churmo	IDAHO SECRETARY OF STATE 100010
inted Name: //	PARK A. Echevaria	IDAHO SECRETARY OF STATE 95/22/2001 09:00 CK: 1882 CT: 146678 BH: 39AAA
pacity:	I.I. A. ECKEVATION	CK: 1882 CT: 146678 BH: 398488
	NEK	1 9 20.00 = 20 00 Access to the second
(See I	nstruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM NAME # 2
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