

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned AM 8: 28

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 undersigned use(s) in the trinsaction of business is: Enterprises	
2. The true name(s) and business address(es) of the end business under the assumed business name: Name Brent LESKY Barrus 4080	ntity or individual(s) doing Complete Address
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities	
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Baccus Enturprises 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): (208) \$84-2084
Signature: (signature required) Printed Name: LIMFITE BARRUS	Secretary of State use only IDANO SECRETARY OF STATE

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08/26/2003 05:00

CK: 5549 CT: 158010 BH: 698351

8 85.00 = 25.00 ASSUM NAME # 2