FILED EFFECTIVE



Capacity/Title: //////

(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	NOV -5	
1.	The assumed business name which the undersign business is: Double Take Permanur	er en	
2.		Complete Address 116: Stafe St D204 Eagle 831d L	Ti
3.	The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		
4.	The name and address to which future correspondence should be addressed: Unite Cook 171 E State St Dact Cagle, TD 83616	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): 939-7059 Home 860-8070 Cell	
		Secretary of State use only	
-	ed Name: Signature required B. Cook and supplied by the suppli	021699	

IDAHO SECRETARY OF STATE
11/05/2004 05:00
CK: 94 CT: 158010 BH: 775105
1 8 25.00 = 25.00 ASSUM NAME # 2