## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Owner

(see instruction # 8 on back of form)

Capacity/Title:

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address	
he general type of business transacted u	
	on and Public Utilities
<ul><li>Wholesale Trade</li><li>✓ Construction</li><li>✓ Services</li><li>✓ Agriculture</li></ul>	
	Submit Certificate of Assumed Business
<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Name and <b>\$25.00</b> fee to:
. 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
Name and address for this acknowledge	ment Phone number (optional):
	208-324-7456
CODV IS (if other than #4 above).	
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ture: (signature required)	Secretary of State use only

IDAHO SECRETARY OF STATE

07/06/2004 05:00

CK: 2074 CT: 133825 BH: 754058
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