

Capacity/Title: President

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

TETECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2006 JAN -6 AM 9: 04 SECRETARY OF STATE

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address business under the assumed business r	(es) of the entity or individual(s) doing	
Name	Complete Address	
Ullison Streeby Susan Cole	12733 N. Schicks Ridge Rd. Bois 12966 Town Ridge Rd. Bois ID 83714	CIO 1
Retail Trade Transporta Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business	
The name and address to which future correspondence should be addressed:  Susan Cole 12966 Town Ridge Rd. Boise J	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
<ol> <li>Name and address for this acknowledg copy is (if other than #4 above);</li> </ol>	ment Phone number (optional):	

IDAHO SECRETARY OF STATE

91/06/2006 05:00

CK: 3633 CT: 158010 BH: 930516
1 2 25.00 = 25.00 ASSUM NAME # 2