

Capacity/Title: OWNER

(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.



97 19 2 - 3 AM 10: 47 STATE OF IDAHO

1. The assumed business name which the under business is:	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name LARRIE A. BRUZER 3	
3. The general type of business transacted under Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: 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): SAME AS #4	Phone number (optional): 208-869-2683
Signature: (signature required) Printed Name: LARRIE A. BRUZER Out 1/15 A	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 23/04/2003 25:200 CK: 1844 CT: 158010 BH: 666279 1 9 28.80 = 20.00 ASSUM NAME # 2