Capacity: OWNER

(see instruction # 8 on back of form)

C	ERTIFICA (Please t	TE OF ASS	UMED E . See instru	BUSINESS NAME		
1. The a	Pursuant to gives notice segmed busines egs is:		daho Code, Assumed E undersigne	the undersigned 32 Business Name. d use(s) in the transaction of		
	EONCR	ETE (OATI	NGS . of	DAH	
2. The to	 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are; 					
	<u>Name</u>			Complete Address		
Do	UGLAS	E. ELAN	<u> </u>	+3 LOCUST ST.	-	
			TWI	N FALLS, ID 833	- 21	
3. The g	The general type of business transacted under the assumed business name is: (mark only those that apply)					
□ v	etail Trade /holesale Trade ervices	Manufactu Agriculture Construction		Transportation and Public Utilitie Finance, Insurance, and Real Ed Mining		
	The name and address to which future correspondence should be addressed: Phone number (optional) (208) 734-9263					
	ouglas 3 Locust	E. ELAM ST.		Submit Certificate of Assumed Business Name and \$20.00 fee to:		
	Name and address for this acknowledgment			Secretary of State 700 West Jefferson Basement West		
copy is	S (if other than # 4 abov	е):		PO Box 83720 Boise ID 83720-0080 208 334-2301	:	
				Secretary of State use only		
- (1	1		Revision 12/99	IDAHO SECRETARY OF STATE 03/23/2001 09:00		
Signature: 1 20.00 = 28.00 ASSUM NAME # 2						
Printed Name: Douglas E. ELAW						

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