

Capacity/Title:\_\_

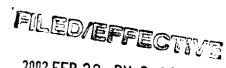
(see instruction #8 on back of form)

## 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.



<sup>2002</sup> FEB 22 PM 2: 02

SECRETARY OF STATE STATE OF IDAHO

WELLS LUMPER SER	RVICE
The true name(s) and <u>business</u> address(es)	
business under the assumed business name:  Name	e: <u>Complete Address</u>
1	
Oregory V. Wells	ZUZZ Overland Rd. Brise ID 83705
	Doige, 1D. 80105
	dor the coormed business name is:
The general type of business transacted und	ider the assumed business name is.
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
Services	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
4	Basement West
Grag Walls	PO Box 83720 Boise ID 83720-0080
2622 Overland Rd	208 334-2301
Boise ID. 83705	
5. Name and address for this acknowledgmer	ent Phone number (optional):
COPY IS (if other than # 4 above):	208-433-1486
	Secretary of State use only
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ed Name: Grea Wolls	IDAHO SECRETARY OF STATE    O2/22/2002 05

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