

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.** 1. The assumed business name which the undersigned use(s) in the transaction of business is: **Blackmeyer**	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Elizabeth K Morris Rt	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Blackmeyer Rt Box 82K Kooskia 10 83537	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-924-4505
ignature: Challeth K. Morri	Secretary of State use only

Printed Name: Elizabeth K. Morris Capacity/Title:__ (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

99/08/2003 05:00

CK: 2818 CT: 158818 BH: 788393
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