

CERTIFICATE OF ASSUMED BUSINESS NAME

FILEU/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

01 MAY -1 AM 8: 49

SECRETARY UP STATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the unbusiness is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name MARK A. PETERSOM	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	nder the assumed business name is: n and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Languary Ly of Life Cluster P. O. Box 170270 Boise, 10 837/6	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent Phone number (optional): (209)385-7020
Signature:	Secretary of State use only IDANO SECRETARY OF STATE 95/02/2601 69:00 CX: 2678 CT: 145791 BH: 394538 1 0 28.88 = 28.86 ASSUM NAME # 2 D 4489 3