

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2004 SEP 16 AM 9: 40

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

D80083

2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	
Michaeld Andrews 1240 Debbie L. Andrews Hay	entity or individual(s) doing Complete Address N RIMROCK Rd Iden ID 83535
3. The general type of business transacted under the	assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
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