## FILED EFFECTIVE



## **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.

The assumed business name which the under	ersigned use(s) in the transaction of
business is:  15 adaar Craak	1
13 Eddin Claux	(DOD) TOOK KS
2. The true name(s) and business address(es) business under the assumed business name  Name  Nichael A Komanzi	: Complete Address 165 WEST BALGE CREEK 20
	P.O. BOX 248
	TETONIA IDAIN 63452
3. The general type of business transacted under	er the assumed business name is:
<ul><li>☐ Retail Trade</li><li>☐ Transportation a</li><li>☐ Wholesale Trade</li><li>☐ Construction</li></ul>	and Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Michael Komanzi	PO Box 83720 Boise ID 83720-0080
P.O. Box 148	208 334-2301
TETONIA IDAHO 83452	
5. Name and address for this acknowledgment	
COPY IS (If other than # 4 above):	<u> 208 - 769 - 62</u> 70
	Secretary of State use only
Signature: MICHAEL IT FONDAVE.	Software Cooperate Coopera
Capacity/Title: OWNUR	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	CK: 1688 CT: 158819 BH: 758287 1 8 25.88 = 25.88 ASSUM MANE # 2

8/15/03

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