

Signature:

Printed Name:

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.

STALL OF JOAHO

1. The assumed business name which the und business is: ———————————————————————————————————	dersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business name Name Behran	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	sider the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 5015 E USTICK RD # Calcluell, Tdaho, 83605	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above): Addrian Bettran 5015 E Ustick RD # 19	Phone number (optional): (208) 703 - 3160 Secretary of State use only

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IDAHO SECRETARY OF STATE

108/02/2004 05:00

108 25.00 = 25.00 ASSUM NAME # 2

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