

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.

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•		CTIVE

2006 AUG 14 AM 9: 13

SECRETARY OF STATE STATE OF IDAHO

. The true i	name(s) and <u>business</u> address(es) o	f the entity or Individual(s) doing
vusiness	under the assumed business name: Name	Complete Address
Urvs	tal D. Henkels Home	970 Spring field Drive
		seurd'Alene Id. 83815
	Busines 7	O. BOX 3350, Hayden Id
The gener	al type of business transacted under	1 the assumed business name is:
☐ Whe Sen ☐ Man ☐ Fina The name	Transportation and plesale 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
Urys 970 Coeu	Springfield Dr. Aloud Td. 938 15 d address for this acknowledgment	208 334-2301 Phone number (optional):

IDAHO SECRETARY OF STATE

Ø8/14/2006 05:00

CK: 182 CT: 158810 BH: 969848

1 8 25.80 = 25.88 ASSUM NAME # 2

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