

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

*** - *U*

20% FEB 27 0110:03

Please type or print legibly.

NOTE: See instructions on reverse before filing.

OWNER

(see instruction # 8 on back of form)

Capacity/Title:_

entity or individual(s) doing
Complete Address
1911 E 17TH ST
IDAHO FALLS, ID 83401
assumed business name is:
Submit Certificate of Assumed Business Name and \$25.00 fee to:
Traine and \$20.00 los to.
Secretary of State 700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080 208 334-2301
208 334-2301
Phone number (optional):
208-243-2485
Secretary of State use only

IDAHO SECKE INCT OF STATE

02/27/2006 05:00

CK: 47343775094 CT: 158610 BH: 939777

1 8 25.00 = 25.00 ASSUM NAME # 2

D96877