Capacity: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

business is:	name which the u		use(s) in the transaction of
2. The true name(s) and be business under the assume Name DAVIA H. BUSS STEPHEN R. BUS	umed business na	me is/are: <u>C</u> 	tity or individual(s) doing Complete Address HILACOT , BOISE, ID 83709
3. The general type of bus (mark only those that apply) Retail Trade Wholesale Trade Services 4. The name and address	Manufacturi Agriculture Construction	ng 7	sumed business name is: Fransportation and Public Utilities Finance, Insurance, and Real Esta Mining ber (optional): 201 362 - 0413
correspondence should DAVIA H. BUSS 7158 CHILACOT BOISE, ID. 8376 5. Name and address for t copy is (if other than #4 above)	chis acknowledgme	ent	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
nature: Davia Ar	Aud 6	Revision 2/97	208 334-2301 Secretary of State use only

50.00 ASSUM NAME # 2

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