

CERTIFICATE OF ASSUMED BUSINESS NAME

WHAR 14 MIN: 25

FILED EFFECTIVE

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

STAIL ON JAHO

submits for filing a certific	Legibly
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	NOTE	righed use(s) in the transaction of	
	ings name which the unders	Signed do-()	
1 T	NOTE: See instructions on reversible assumed business name which the unders		
1. ·	ousiness is:		
L	PET Tilean Stone		
	LE THE WAY	attle entity or individual(s) doing	
	address(es) 01	of the entity of the	
0	The true name(s) and <u>business</u> address; business under the assumed business name:	: Anto Address	
۷.	business under the assumed business	Complete Address	
	Name	- Deales Dr. Boise IV Ball	
		Complete Address 7415 Waster Dr. Baise TD 83704 7415 Waster Dr. Baise TO 83704	
	Pandy James Valenting	7415 Wesley Or Dans	
	Dobnish)		
		in:	
ı		the assumed business name is.	
	. The general type of business transacted unc	nder the assumed	
2	The general type of business trans-	. B. Lie Litilities	
د ا	Transportation	and Public Utilities	
1	Retail Trade Construction		l
1		Submit Certificate of	
1		1 Prisiness I	l
11	N CONICES	Name and \$25.00 fee to:	ı\
11	c -turing	Name and 42011	1
\\	Manufactures and Real Estate	e state	1
11	Manufacturing Finance, Insurance, and Real Estate	Secretary of State	I
11	. Limas to which luture	1 /111 44631 00	I
	The name and address to which future correspondence should be addressed:	Basement West	N
- 11	correspondence should be as	PO Box 83720	1
1		Boise ID 83720-0000	l
- 11	7415 Westing Dr.	208 334-2301	١
1			1
1		(ontional):	١
		Phone number (optional):	
	5. Name and address for this acknowledge	gment	
1	5. Name and address for the		
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- 11		Secretary of State use only	
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- 1		IBANO SECRETARY OF STATE	
- 11		E 8 03/14/2005 05:00	
	Signature: Randy My (signature required)	CK: 1451 CT: 150010 ASSUM NAME	2
1		IDAHO SECRETARY OF STATE 3/14/2005 05 20 CX: 1451 CT: 154010 DH: 794466 1 25.00 = 25.00 ASSUM NAME 1	
1	Printed Name: Randy Dobrusky	- 1 S S S S S S S S S S S S S S S S S S	
11			
	Capacity/Title:		
	(see instruction # 8 on back of form)		
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