

Capacity/Title: 0いんでス

(see instruction # 8 on back of form)

CERTIFICATE OF

CERTIFICATE OF	2004 S
ASSUMED BUSINESS	NAME S >
Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Box	usiness Name
Please type or print legibly.	
NOTE: See instructions on reverse befor	re filing.
. The assumed business name which the unc	dersigned use(s) in the transaction oੁੱਤ
business is:	ace Place
2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business nam	ne:
Name	Complete Address
John Hayes	HC 11 Box 418, Kamiah ID 83536
LYNNE HAYES	HC11 BOX 418, KAMIAH 10 83536
Wholesale Trade ☐ Construction☐ Services ☐ Agriculture☐ Manufacturing ☐ Mining☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: John Hayes HC 11 Box 418 Kamiah ID 83536	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).	208 935-0179
	Secretary of State use only
gnature: John W. Hayes	evised 04/2003

IDAHO SECRETARY OF STATE **98/11/2004 05:00**CK: 1311 CT: 181379 BH: 768262

1 @ 25.00 = 25.00 ASSUM MAME # 2