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CERTIFICATE OF ASSUMED BU (Please type or print legibly. See Instruction To the SECRETARY OF STATE, STATE OF IDAH Pursuant to Section 53-504, Idaho Code, the gives notice of adoption of an Assumed Busi	ons on reverse.) O Hav 3 0 13 AM '0 e undersigned
1. The assumed business name which the undersigned us business is: Blind Expressions	se(s) in the transaction of
 The true name(s) and business address(es) of the entity business under the assumed business name is/are: 	y or individual(s) doing
	MB
3. The general type of business transacted under the assu (mark only those that apply)	umed business name is:
 Wholesale Trade Agriculture Fir Services Construction Mi The name and address to which future 	ansportation and Public Utilities nance, Insurance, and Real Estate ning er (optional): <u>JOB SD3-JO39</u>
correspondence should be addressed: Tim Smith PAR 10400 Over land Pdi #332	Submit Certificate of Assumed Business Name and \$20.00 fee to:
BOISE, ID 83209 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	Secretary of State use only
Signature: Image: Signature: <td>IDAHO SECRETARY OF STATE 11/14/2001 05:00 CK: CASH CT: 153526 BH: 429467 1 0 20.00 = 20.00 ASSUM NAME #</td>	IDAHO SECRETARY OF STATE 11/14/2001 05:00 CK: CASH CT: 153526 BH: 429467 1 0 20.00 = 20.00 ASSUM NAME #
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