

Printed Name

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2005 APR 20 AM 9: 13

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF WAHD

Gurley PAWI	v Uhop
. The true name(s) and business a business under the assumed bus	address(es) of the entity or individual(s) doing siness name:
Name	Complete Address
Jim Evans	
. The general type of business tran	nsacted under the assumed business name is:
F	nsportation and Public Utilities
Services Agr	iculture Submit Certificate of
Manufacturing Min	
Finance, Insurance, and Re	eal Estate Name and \$25.00 fee to:
The name and address to which	future Secretary of State
correspondence should be addre	ssed: 700 West Jefferson
Tim Frans	Basement West PO Box 83720
133 W Main	Boise ID 83720-0080
Buyley ID 833	208 334-2301
5. Name and address for this ackn	owledgment Phone number (optional):
COPY IS (if other than # 4 above):	678-5767
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IDAHO SECRETARY OF STATE

04/20/2005 05:00

CK: 915061191 CT: 158010 BH: 805710
1 0 25.00 = 25.00 ASSUM NAME # 2