

CERTIFICATE OF FILED EFFECTIVE

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

Please type or print legibly.

SECHE IAN OF STATE

Instructions are included on back of application STATE OF IDAHO

The true name(s) and <u>business</u> address	s(es) of the entity or individual(s) doing
business under the assumed business Name	name: Complete Address
David Reed	12124 N. Forest Road, Hayden ID 83835
Retail Trade Transporta Wholesale Trade Construct	
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: David Reed (Duh-List) 12124 N. Forest Road	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Hayden ID 83835	208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
ted Name: DAVID Reed	
pacity/Title: DWNR	
nature:	IDAHO SECRETARY OF STATI
nted Name:	CK: 7659 CT: 168612 BH: 13

162528

Capacity/Title:_