Printed Name: Tax

Capacity/Title: ( ) west

(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.

05 MAY 18 PM 2: 39

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECREMENT OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(es)	) of the entity or individual(s) doing
business under the assumed business nam	ne:  Complete Address
Paul Rodo augz	1012 Krall Street
tun van ignet	Boise ID 88712
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:    1012	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Boise ID 93712	208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):

g:\corp\forms\abn forms\abr Revised 04/2003

IDAHO SECRETARY OF STATE **95/18/2005 95:00** CK: 536141 CT: 172099 BH: 811189 1 0 25.00 = 25.00 ASSUM NAME # 2

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