

Capacity/Title:\_{

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business  Please type or print legibly.  NOTE: See instructions on reverse before filing	rsigned 8: 59 Name.
1. The assumed business name which the undersign business is:	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Tracie J. Anderson 2	entity or individual(s) doing  Complete Address  530 2. Waston Ave
3. The general type of business transacted under the  Retail Trade Transportation and Put Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Tracie J. Hoderson  5302 Westen Ave  Caldwell, ID 93107	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):  208-412-3210
Signature:	Secretary of State use only  IDANO SECRETARY OF STATE

IDANO SECRETARY OF STATE

(24/27/2004 05:00

CK: 134615 CT: 158610 BH: 741632

1 0 25.00 = 25.00 ASSUM NAME 1 2

U75784