

Capacity/Title: Powner

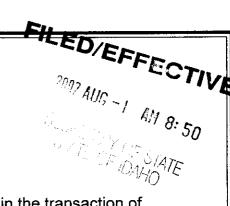
(see instruction #8 on back of form)

## CERTIFICATE OF 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.

NOTE: See instructions on reverse before filing.



The assumed business name which the under business is:	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name:  Name  Mary Owen  Bill Owen	of the entity or individual(s) doing  Complete Address  P.D. Box 33 Lenore Id 8354/  PD. Box 33 Lenore Id 8354/
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  May Owen  10 Box 33  LMOYL, Tol 8354  5. Name and address for this acknowledgmen copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: May Owln  Printed Name: Many Owen	Secretary of State use only  990 uga sunot uga secretary of State  1000721 possion uga secretary of State  28/01/2002 05:00  CK: 85559158732 CT: 158810 BH: 488382  1 9 28.00 = 28.00 ASSUM NAME # 2

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