

Capacity/Title: OWNER

(see instruction # 8 on back of form)

ASSUMED BUSINESS NAME **CERTIFICATE OF**

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

2005 MAY -6 AN 9: 19

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF WAHO

2. The true name(s) and <u>business</u> address((es) of the entity or individual(s) doing
business under the assumed business na Name Tosh Perkins	Complete Address Complete Address SHERMANE AVE. COEDR D'ALENE, ID 83814
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Agriculture	ion and Public Utilities n
ManufacturingMiningFinance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: TOSH PERKINS 330'R N, 4 TH ST. CDEUR D'ALFINE, IB 838	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgm copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only