

## **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.

2005 AUG 16 AM 8: 39

Please type or print legibly. NOTE: See instructions on reverse before filing.

|                                                                                     | ore ming.                                         | SEUNETARY OF STATE                                                                    |
|-------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------|
| The assumed business name which the ur business is:                                 | ndersigne                                         | STATE OF IDAMO<br>ed use(s) in the transaction of                                     |
| ,                                                                                   | Insi                                              | pections                                                                              |
| The true name(s) and business address(es business under the assumed business name). | s) of the e                                       |                                                                                       |
| Name                                                                                |                                                   | Complete Address                                                                      |
| teter Capoio                                                                        | Po i                                              | 30x 193 M°(411 II                                                                     |
|                                                                                     |                                                   | <u>83638</u>                                                                          |
| The general type of business transacted ur                                          | nder the a                                        | assumed business name is:                                                             |
| Retail Trade Transportation Wholesale Trade Construction                            |                                                   |                                                                                       |
| Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate     |                                                   | Submit Certificate of<br>Assumed Business<br>Name and <b>\$25.00</b> fee to:          |
| 4. The name and address to which future correspondence should be addressed:         |                                                   | Secretary of State 700 West Jefferson Basement West                                   |
| PO BOX 193<br>M' Call ID 83638                                                      | λ <u>Σ</u>                                        | PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301                                   |
| 5. Name and address for this acknowledgme                                           | ent                                               | Phone number (optional):                                                              |
| COPY is (if other than # 4 above):                                                  |                                                   | 208-634-3324                                                                          |
|                                                                                     |                                                   | Secretary of State use only                                                           |
|                                                                                     | Pa. p65                                           |                                                                                       |
| Signature: (signature required)                                                     | orms/a                                            |                                                                                       |
| Printed Name: Peter Caprio                                                          | formstaton form<br>Revised 04/2003                | IDANO SECRETARY OF STATE                                                              |
| Capacity/Title: Och 12                                                              | g'konptimmslabn formslabn, p65<br>Revised 04/2003 | 08/16/2005 05:00<br>CK: 169 CT: 158018 BH: 986479<br>1 0 25.00 = 25.00 ASSUM MAME # 2 |
| (see instruction # 8 on back of form)                                               | 5                                                 | D 2-719                                                                               |
|                                                                                     |                                                   | D 90719                                                                               |