May-18-05 4:53PM;

FILED

Regige 1/2



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

submits for filing a certificate of Assumed I  Please type or print legibly.	Business Name.
NOTE: See instructions on reverse before filling.  1. The assumed business name which the undersigned use(s) in the transaction of business is:  ESR Tools	
Showne Reeves	2977 E 3500 N The Idehogo
3. The general type of business transacted un  Retail Trade  Transportation	nder the assumed business name is:
<ul> <li>□ Wholesale Trade</li> <li>□ Construction</li> <li>□ Agriculture</li> <li>□ Manufacturing</li> <li>□ Mining</li> <li>□ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Eddie Reeves 3977 F. 3500 M Twin falls Tocho 830	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (ff other than # 4 above):	Phone number (optional):  208-733-2305
	Secretary of State use only
nature: Le Leeves  nted Name: Fdie Reeves  pacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STAT    1

1 # 25.00 = 25.00 ASSUM NAME # 2

144978 (