

Capacity: Owner

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pulsuant to Section 53-504, Idano Code, the submits for filing a certificate of Assumed But Please type or print legibly.  NOTE: See instructions on reverse before  1. The assumed business name which the undousiness is:  ALS REPATR	re filing.
2. The true name(s) and <u>business</u> address(es) business under the assumed business name:  Name  Alvin F. M. Connell, J.R.	: Complete Address
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Alvin Emcancil TR 3156 SELLE RD Sandpoint Th 83864  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: Alvin F. M. Connell 50	Secretary of State use only  IDAHO SECRETARY OF STATE  94/23/2001 09:00  CK: 28652 CT: 145401 BH: 392767  1 20.00 = 20.00 ASSUM NAME # 2

OWNER

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