Capacity:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name,	
The assumed business name which the usiness is: PIONEER FUR	
TIUNEER FUR	NIIUNE
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Michael C. Drury	Complete Address 1565 Rovian St.
TAFFE DRURY	Boise, Io. 83705
The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacture Wholesale Trade Agriculture Services Constructio	Finance, Insurance, and Real Estate
The name and address to which future correspondence should be addressed:	Phone number (optional):
Mike Drury	Submit Certificate of
1565 KOVIANST.	Assumed Business Name and \$20.00 fee to:
Boise, Io. 83705	Secretary of State
 Name and address for this acknowledgm 	700 West Jefferson
COpy is (if other than # 4 above):	PO Box 83720
	Boise ID 83720-0080 208 334-2301
SAME AS TH	Secretary of State use only
	EDAHO SECRETARY OF STATE 28/09/2000 09:00 CK: 2086 CT: 134561 BH: 340015
Signature: MT	Ø8/09/26/09 09:00 CK: 2086 CT: 134561 BH: 340915
Printed Name: Michael C. DRURY	1 8 20.88 = 28.86 ASSUN NAME # 2

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