



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

01 JUL -5 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

GRAY Enterprises

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>DALLAS GRAY</u>	<u>1017 Toxaway Cir</u>
	<u>Twin Falls, ID, 83301</u>

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

1017 Toxaway Cir
Twin Falls ID, 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

DL. Evans Bank
P.O. Box 87
Twin Falls ID 83303

Signature: *Dallas Gray*
Printed Name: DALLAS GRAY
Capacity: DALLAS GRAY
(see instruction # 8 on back of form)

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

Phone number (optional):

Secretary of State use only

IDAHO SECRETARY OF STATE
07/05/2001 09:00
CK: 954113 CT: 148461 IN: 486373
1 @ 20.00 = 20.00 ASSUM NAME # 2

g:\corp\forms\abn_forms\abn.p65
Revised 01/2001

D 416596