

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2007 JUL 16 AM 8: 23

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

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Name	name:	entity or individual(s) doing
Patricia AndERSON	Complete Address 106 N. Sagehen St. Nampa , IDAHO 83651	
Retail Trade Transportal Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Patricia Anderson 106 N. Sagehen St Nampa , IDAHO 83651	- -	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above): 	ment	Phone number (optional):

IDAHO SECRETARY OF STATE 67/16/2007 05:00 CK: 1051 CT: 158010 BH: 1065531 1 25.00 = 25.00 ASSUM NAME 1 2

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