

Signature: _______

Capacity/Title: OWNER

(see instruction # 8 on back of form)

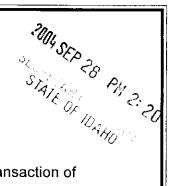
Printed Name: DRVID

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



The true name(s) and business address(es) business under the assumed business name Name DAVID BURKE	
	3929 OVERLAND RD BOISE, IDAHD 83705
. The general type of business transacted und	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
	Boise ID 83720-0080
5807 GRUNDER DR. BOISE, IDAHO 83709	208 334-2301
5807 GRUNDER DR. BOISE, IDANO \$3709 5. Name and address for this acknowledgment copy is (if other than #4 above):	200 334-2301

corp\forms\abn forms\abn.p Revised 04/2003

D80459

IDAHO SECRETARY OF STATE

99/28/2004 05:00

CK: 1101 CT: 158010 BH: 768380

1 8 25.00 = 25.00 ASSUM NAME # 2