

Capacity/Title:\_\_

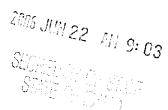
(see instruction # 8 on back of form)

## 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.



IDAHO SECRETARY OF STATE **06/22/2006 05:00** CK: 319 CT: 201647 BH: 961394 1 0 25.00 = 25.00 ASSUM NAME # 2

FILED EFFECTIVE

The true name(s) and business address(es) of the	e entity or individual(s) doing
business under the assumed business name:  Name  Toyce M Palwards	Complete Address
The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  512 Gollen Son  File 183328	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 866 491 3/04
	Secretary of State use only