

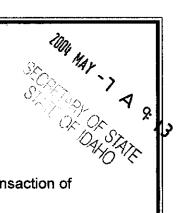
Capacity/Title:

(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.



05/07/2004 05:00 CK: 4854 CT: 158018 BH: 743652

25.00 ASSUM NAME # 2

10	IE EYE JACK'S
<ol> <li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:</li> </ol>	
Name	Complete Address
BARRY LEE KORTE	122 ILLINOIS AVENUE
	COUNCIL ID 83612
	ed under the assumed business name is: ation and Public Utilities tion
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Assumed Business
The name and address to which future correspondence should be addressed:  BARRY KORTE	1
PO BOX 738	— 208 334-2301
5. Name and address for this acknowled copy is (if other than #4 above):	Igment Phone number (optional):  208-253-6881
	Secretary of State use only
ature: Baykate (signature populared)	— long secretary of st
ed Name: BARRY LEE KORTE	Revised 042003
acity/Title: OWNER/OPERATOR	LIDANO SECRETARY OF ST