Printed Name: Roger

Capacity: Owners/ opera to

(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.

2702 JUN -6 AM 8: 32

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

 The true name(s) and <u>business</u> address(es) of t business under the assumed business name: <u>Name</u> 	the entity or individual(s) doing Complete Address
Roger Duane Sams	EMIL NIA LI
Nita louise Sams.	P.O. Box 1421
7	ramiah Da 83536
— · · · ·	
 The general type of business transacted under 	the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20 no fee to: 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): (208) 935-0857
	Secretary of State use only
	S S

IDAHO SECRETARY OF STATE

96/96/2002 95:00

CK: 24565 CT: 160961 BH: 470012
1 8 20.00 = 28.00 ASSUM MANE # 2

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