

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 2005 APR 21 AM 9: 02

Please type or print legibly. n reverse before filing.

NOTE. See manucaons on leverse before in	STATE OF IDAHO
The assumed business name which the unders business is:	igned use(s) in the transaction of
The true name(s) and business address(es) of business under the assumed business name:  Name  Cary Itshbs	the entity or individual(s) doing  Complete Address  ON VeriousTrace Huy *42  Orghy ID 83442
The general type of business transacted under	
Retail Trade Transportation an Wholesale Trade Construction	d Public Utilities
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
70 Niellowskine Huy "42 Righy TO 83442	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	208 745 1330
	Secretary of State use only
nature: Say Hell	SSG Control of the Co
nted Name: Gay Hobbs	wheed O4/2003

IDAHO SECRETARY OF STATE

04/21/2005 05:00

CK: NO CK # CT: 158010 BH: 865898
1 8 25.00 = 25.00 ASSUM NAME # 2