

Capacity/Title:

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

<u> </u>			
	CERTIFICATE OF	FILED/EFFECTIVE	
	ASSUMED BUSINESS NA	ME	
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.		ersianed '/y &	
Please type or print legibly.			
NOTE: See instructions on reverse before filing.			
1.	 The assumed business name which the undersigned use(s) in the transaction of business is: 		
Upright Fence			
2.	The true name(s) and business address(es) of the business under the assumed business name: Name Wesley J. Newell	e entity or individual(s) doing Complete Address 804 Ross Boise, ID 83702	
3.	The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		
4.	The name and address to which future correspondence should be addressed: Wesley J. Newell 804 Ross Boise, ID 83702	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):(208) 869-4302	
		Spanning of Child	
		Secretary of State use only	
Signati	ure: Waley / Meull 19 8		
_	// (signature required)		
Printed	d Name: Wesley J. Newell		

IDAHO SECRETARY OF STATE 01/14/2003 05:00 CK: 1752 CT: 158810 BH: 656764 0 28.88 = 28.88 ASSUM NAME N 2