

Capacity/Title: Owner

(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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

<ol><li>The true name(s) and business address(es) of t business under the assumed business name:</li></ol>	the entity or individual(s) doing
Name  GAVIN CURTIS	Complete Address  969 W. POLK
	MOSCOW, 10AHO 83843
3. The general type of business transacted under t	he assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining	Public Utilities  Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  GARY CURTIS  F.O. BOX 153  DEARY IDAIKO 83823	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	Phone number (optional):
COPY IS (if other than # 4 above):	208.892-0764
JAME AS V	Secretary of State use only

IDAHO SECRETARY OF STATE

07/28/2005 05:00

CK: 1456 CT: 198887 BH: 823723

1 8 25.00 = 25.00 ASSUM NAME # 2

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