

Capacity/Title: Proprie for

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

111 PM 3: 25

STATE OF TOAHO

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.

1. The assumed business name which the undersigne business is:	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elements business under the assumed business name:  Name  Teresa Hammerquist 507	Complete Address
3. The general type of business transacted under the a Retail Trade Transportation and Pu Wholesale Trade Construction  X Services Agriculture  Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Teresa Hammerguist  5026 Bond St  Boise, Id. \$3706	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 - 378 - 4/00
Signature:	Secretary of State use only

IDAHO SECRETARY OF STATE 03/11/2003 05:00 CK: 13663 CT: 49583 BH: 667862 1 @ 20.00 = 20.00 ASSUM NAME # 2

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