



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED/EF. VE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

02 NOV 19 PM 1:52

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

N'BHA-ID03

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| <u>Name</u> | <u>Complete Address</u> |
|---------------------------|---|
| <u>Beverly J Williams</u> | <u>3386 E. Country Ln Kuna ID 83634</u> |
| _____ | _____ |
| _____ | _____ |

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Same as Above

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-922-5611

Secretary of State use only

Signature: Beverly J Williams
(signature required)

Printed Name: Beverly J Williams

Capacity/Title: District Director

(see instruction # 8 on back of form)

g:\corp\forms\labn_forms\labn.p65 Revised 07/2002

IDAHO SECRETARY OF STATE
11/19/2002 05:00
CK: CASH CT: 150010 BH: 646862
1 @ 20.00 = 20.00 ASSUM NAME # 2

D60075