## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

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Please type or print legibly.

SECRETARY OF STATE

NOTE: See instructions on reverse before filing.	STATE OF IDAHO
1. The assumed business name which the undersigned business is:	ed use(s) in the transaction of
	entity or individual(s) doing  Complete Address  W. Talamora Dr  Isnisian 20 83646
3. The general type of business transacted under the  Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Soli W. Talamore Dr.  MWW Way TD 83446	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	208 334-2301  Phone number (optional):  208 - 34-2301
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE  68/25/2006 05 = 00  CK: 8234 CT: 158819 BH: 972864  1 8 25.86 = 25.80 ASSUM NAME # 2

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