FILED EFFECTIVE



Printed Name: ___

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 MAY 13 PM 4: 41

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(e business under the assumed business name Name	s) of the entity or individual(s) doing me: Complete Address 2127 E. 1605 Burley 14 83318
☐ Ketali Hade /#	on and Public Utilities
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and fee to:
The name and address to which future correspondence should be addressed: Kull, 6 Miller 2/27/E1675t Burley VI 833/8	Secretary of State 700 West Jefferson Basement West
Name and address for this acknowledge	

IDANO SECRETARY OF STATE 45/16/2005 05:00 CK: 533333 CT: 172099 BH: 818437 1 0 25.00 = 25.00 ASSUM NAME # 2

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