Printed Name:

(see instruction # 8 on back of form)

Capacity:

CERTIFICATE OF ASSUMED BUSINESS **T** (Please type or print legibly. See instructions on reverse.) 9 44 M *98 To the SECRETARY OF STATE, STATE OF IDAHO hm 2 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name The assumed business name which the undersigned use(s) in the transaction of business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing | Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): ___ correspondence should be addressed: Submit Certificate of Assumed Business Aldwell Name and \$20.00 fee to: 83605 Secretary of State 700 West Jefferson Name and address for this acknowledgment Basement West CODY IS (if other than #4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only **IDAHO SECRETARY OF STATE** 07/21/1998 09:00

CK: CASH CT: 181729 BH: 129888

1 0 28.00 = 28.00 ASSUM NAME

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