227	
CERTIFICATE OF	I ILEU/EFFECIIVE
ASSUMED BUSINESS NAME	
Pursuant to Section 53-504, Idaho Code, the under	in 43 AM ID. all
submits for filing a certificate of Assumed Business	Name. STATE OF IDAHO
Please type or print legibly. NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: West Mauntain Business Solutions	
<u> </u>	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name:	
Name	Complete Address
KATIE HACKNEY 35.C. Carlton Arc Mendian TO	
	Ble42
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
🗌 Manufacturing 🗌 Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
West Maintain Business Solutions	Basement West PO Box 83720
clo Katie Hackney	Boise ID 83720-0080
35 E. Carlton Are Mendion FD 35 E. Carlton Are Mendion FD	208 334-2301
· · · · · · · · · · · · · · · · · · ·	Phone number (optional):
 Name and address for this acknowledgment COPY is (if other than # 4 above): 	208-989-1468
	JUB 40 1-1443
	Secretary of State use only
	IDAHO SECRETARY OF STATE
Signature:	05/23/2001 09:00 CK: 1295 CT: 146743 BH: 398839
Signature: AHIE HACKNEY Printed Name: KAHIE HACKNEY Capacity: OWNER	1 @ 20.00 = 20.00 ASSUN NAME # 2
Capacity: <u>OWNER</u>	124551/9
(see instruction # 8 on back of form)	1040547