## FILED EFFECTIVE

Capacity/Title:\_

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

ZUUT JAN 31 AN 9: 00

SECRETARY OF STATE STATE OF IDAHO

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

Please type or print legibly.

HOT DIGGI	
2. The true name(s) and business address(business under the assumed business name  Name  RARBARA ANDRESSON	(es) of the entity or individual(s) doing ame:  Complete Address  1573 RAY ST-  10and Falls 10 83402
Wholesale Trade Constructio	on and Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$25.00 fee to:
I. The name and address to which future correspondence should be addressed:  BALBALA ANDERSON  1.0. BOX SODZZ  IDAMO FAUS 10 83405	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above);</li> </ol>	nent Phone number (optional):  (28) 403-7724

IDAHO SECRETARY OF STATE
01/31/2007 05:00
CK: 1039885 CT: 172099 BH: 1029874
1 0 25.00 = 25.00 ASSUM NAME 1 2

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