227		_			
CE	RTIFICATE O	F	F U		
	IED BUSINES			*** * **	
Pursuant to Sec submits for filing	Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.			TIVE	
NOTE: See instructions on reverse before filing		fore filing.	SECRETARY OF STA STATE OF IDAHO	ATE	
1. The assumed business name which the undersigned use(s) in the transaction of					
Protessional Services					
<u> </u>					
 The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name; 					
Name Complete Address					
Greg Shep	Greg Shepherd 1391			7 n. tellawstore (lwy/Poc. TD	
3. The general type of business transacted under the assumed business name is:					
Retail Trade Transportation and Public Utilities					
Wholesale Trad	e Construction	Г		7	
Manufacturing			Submit Certificate of Assumed Business		
🔲 Finance, Insurar	nce, 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 Basement West		
Greg Shepherd			PO Box 83720 Boise ID 83720-0080		
Pac TD 8	Kult enotes		208 334-2301		
5. Name and address for this acknowledgment Phone number (optional):					
COPY IS (if other than # 4 abo			208-037-0800		
<u></u>	······································	[· · · · · · · · · · · · · · · · · · ·		
			Secretary of State use only		
Han Ok	no-	g'icorphformstabn formstabn.p65 Ravised 01/2001			
Signature: <u>My (</u>		forms\abn forms Revised 01/2001			
	repherd	Morms/a Revised			
	(see instruction # 8 on back of form)		IDAHO SECRETAR 05/31/200		
	,		CK: 1068 CT: 1580 1 8 20.00 = 20.00	10 BH: 468932 ASSUM NAME # :	
			D554	02	