

Capacity/Title:_

(see instruction #8 on back of form)

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

NOTE: See instructions on reverse before filing.

	es) of the entity or individual(s) doing	
business under the assumed business na Name	Complete Address	
3. The general type of business transacted Retail Trade Transportate Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: Hugh Hawkes 2/247 SAMPEN VANCY RD. Downey ID 93234	100014 10 3334/	
	135 5. HIWAY 91	
	DOWNEY TOMBO 83234	
	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgn copy is (if other than # 4 above):		
	Secretary of State use only	

CK: 10 CT: 233676 BH: 1154835 0 25.08 = 25.00 ASSUM NAME # 2

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